

### Anna University, Chennai PSN Institute of Technology and Science - 9524

## Consolidated\_Report

## 13.faculty

10.1000	5
Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	DR. KATHIRVEL M
Regular Or Adjunct	Regular
Image	
Present Designation	PROFESSOR
Residential Address Line 1	45G/2, SIVASAKTHI ILLAM, SOOSI ST, RAMANPUTHUR,
Line 2	NAGARCOIL-629004
District	KANYAKUMARI
Telephone number	04634 - 279084
Mobile number	+91 - 9486507441
Email	MKATHIRVELPHD@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AXUPK2444F
Passport Number	
Aadhar Number	350356000156
Faculty code given by C.O.E.	9623001
Faculty code given by A.I.C.T.E.	12497078025
Date of Birth	15-05-1965
Age	58
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	1990	GOVERNM ENT COLLEGE OF ENGINEE RING TIRUNELV ELI	MADURAI KAMARAJ UNIVERSI TY	68	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2005	OTHERS - STHAYABA MA INSTITUT E OF SCIENCE AND TECHNOL OGY	OTHERS - SATHYA BAMA UNIVERSI TY	78	FIRST CLASS	
PH.D.	PH.D.	OTHERS - COMPOSI TE MATERIAL S	2011	OTHERS - SATHYA BAMA INSTITUT E OS SCIENCE AND TECHNOL OGY	OTHERS - SATHYA BAMA UNIVERSI TY	Y		
* Upload Sc	anned copy o	of Original De	gree Certif	ficate.				
<b>I.a. Additic</b> Score : File :	onal Qualific	c <b>ation :-</b> NO A	ADDITION.	AL QUALIFIC	ATION			
II. Title of	Ph.D. Thesi	s			MACHININ	G CHARACT	IES AND ANA TERISTICS O OSITES BY P	

III. Faculty in which Ph.D. was awardedFACULTY OF MECHANICAL ENGINEERINGIV. Academic Experience :<br/>(Start from the Current working Experience ) \*FACULTY OF MECHANICAL ENGINEERING

Name of the Collins	Designation	Laining Data	Relieving Date / Current Date	E	xperience	e
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - PRICIPAL	16-06-2011	31-05-2014	2	11	15
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	OTHERS - SENIOR LECTURER	02-12-1999	30-04-2005	5	4	30
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	PRINCIPAL	02-06-2014	20-05-2023	8	11	19
OTHERS - INDIAN ENGINEERING COLLEGE	OTHERS - LECTURER	02-06-1995	25-11-1999	4	5	24
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	PROFESSOR	02-05-2010	15-06-2011	1	1	14
AMRITA COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-05-2005	01-05-2010	5	0	1
			Total	27	11	19

### V. Industrial Experience :

Name of the	Designation	Nature of	Joining Data	Relieving	Experience		
Organisation	Designation	Work	Joining Date	Date	Years	Months	Days
ACME CHAIN COMPANY LIMITED	PRODUCTION ENGINEER	MANUFACTUR ING	16-06-1993	20-05-1995	1	11	5
AMBIKA INDUSTRIES	PRODUCTION ENGINEER	MANUFACTUR ING	10-06-1990	12-05-1993	2	11	3
				Total	4	10	12

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty : 🗤

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	DR. VARADHASESHAN R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
Residential Address Line 1	NO 59, GOVINDASAMY STREET, NEW 13TH WARD
Line 2	KANNANKURICHI POST, PIN - 636008
District	SALEM
Telephone number	-
Mobile number	+91 - 7305245386
Email	RVSESHAN@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	ALDPV8520C
Passport Number	
Aadhar Number	344959629678
Faculty code given by C.O.E.	9524212
Faculty code given by A.I.C.T.E.	143366758179
Date of Birth	12-02-1981
Age	42
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2001	OTHERS - GOVT ARTS COLLEGE SALEM	PERIYAR UNIVERSI TY	74.48	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2003	OTHERS - NATIONA L COLLEGE TRICHY	BHARATH IDASAN UNIVERSI TY	69.40	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - PHYSICS	2006	OTHERS - NATIONA L COLLEGE TRICHY	BHARATH IDASAN UNIVERSI TY	77.80	SECOND CLASS	
PH.D.	PH.D.	PHYSICS	2018	OTHERS - PARAMAK ALYANI COLLEGE TENKASI	MANOMA NIAM SUNDARN AR UNIVERSI TY	Y		
* Upload Scanned copy of Original Degree Certificate.								

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :

II. Title of Ph.D. Thesis	MAGNETIC BEHAVIOUR OF TRANSITION METAL DOPED METAL OXIDE SEMICONDUCTOR NANOCRYSTALS
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of th		Designation	Ioinin	g Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the	e conege	Designation	Joinin	y Date	Working Institutions	Years	Months	Days
OTHERS - NAT COLLEGE TRIC		OTHERS - LECTURER	24-11-2	003	31-08-2009	5	9	7
OTHERS - MS UNIVERSITY ( GOVINDAPERI		ASSISTANT PROFESSOR	21-12-20	018	22-03-2022	3	3	2
SCAD COLLEG ENGINEERING TECHNOLOGY	G AND	ASSISTANT PROFESSOR	11-03-20	016	14-06-2018	2	3	4
MAHENDRA ENGINEERING (AUTONOMOU		ASSISTANT PROFESSOR	02-09-20	009	09-02-2011	1	5	8
PSN INSTITUT TECHNOLOGY SCIENCE		ASSOCIATE PROFESSOR	01-03-20	023	20-05-2023	0	2	20
					Total	12	11	17
V. Industrial E	Experience :							
Name of the		Nature of				E	xperience	,
Organisation	Designatio	n Work	Joinin	g Date	Relieving Date	Years	Months	Days
AUR (No. of		s extended for the External Example (Practica	miner l)	Centra (No.	ination during th l Evaluation of scripts aluated)	Re-I (No.	ear Evaluatior of scripts aluated)	
It is certified the		rmation provided ar	e true to	the best o	of my knowledge.			
Signature of tl		Bern						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING
Name of the faculty member	DR. BALASUBRAMANIAN V
Regular Or Adjunct	Regular
Image	H
Present Designation	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	4/214, INDRA NAGAR, NALLUR POST
Line 2	ALANGULAM-627853
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 7200373877
Email	BAPELAR2010@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AQHPB4657M
Passport Number	
Aadhar Number	734432989910
Faculty code given by C.O.E.	9527095
Faculty code given by A.I.C.T.E.	1464150215
Date of Birth	17-05-1979
Age	44
I. Particulars of Educational Qualification : (only c	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name o the College		Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2000	OTHERS THE INDIAN ENGINE RING COLLEG	E A U	MANOMA NIAM GUNDARN AR JNIVERSI TY	64.9	FIRST CLASS	
P.G.	M.E.	MANUFAC TURING ENGINEE RING	2005	NATION L ENGINE RING COLLEG (AUTON MOUS)	E A U E T	ANNA JNIVERSI 'Y	71.09	FIRST CLASS	
PH.D.	PH.D.	MECHANI CAL AND AUTOMAT ION ENGINEE RING	2019	SRI SIVASUE AMANIY NADAR COLLEG OF ENGINE RING (AUTON MOUS)	A E A U E	ANNA JNIVERSI 'Y	Y		
* Upload Sc	anned copy o	of Original De	gree Certi	ficate.					
<b>I.a. Additio</b> Score : File :	onal Qualific	cation :- NO	ADDITION	AL QUAL	IFICA	ATION			
II. Title of	Ph.D. Thesi	S			PARA DISCI 400 A	METRIC A HARGE MA	NALYSIS O CHINING (	ATIONS ANI F WIRE ELE( ON THE AISI ED HYBRID	CTRICAL
III. Faculty	y in which P	h.D. was awa	arded		FACU	JLTY OF M	ECHANICA	L ENGINEEF	ING
	nic Experien m the Curre	ice : nt working l	Experienc	e)*					

Nome of the	Collogo	Decignation	Loinir	ng Date	Relieving Date / Current Date for Presently	E	xperience	è
Name of the (	Conege	Designation	John	Working Institution		Years	Months	Days
SARDAR RAJA C OF ENGINEERIN		ASSISTANT PROFESSOR	20-06-2	2005	01-01-2019	13	6	12
SARDAR RAJA C OF ENGINEERIN		ASSOCIATE PROFESSOR			31-05-2020	1	4	30
PSN INSTITUTE TECHNOLOGY A SCIENCE	AND	ASSOCIATE PROFESSOR	01-12-2	2022	20-05-2023	0	5	20
SARDAR RAJA C OF ENGINEERIN		PRINCIPAL	01-06-2	2020	14-06-2022	2	0	14
					Total	17	5	18
			1					
Name of the	Designatio	n Nature of	Joinir	ng Date	Relieving Date	E	xperience	<b>,</b>
Name of the Organisation	Designatio	n Nature of Work	Joinin	ng Date	Relieving Date	E Years	xperience Months	e Days
Organisation	intment Ex	n Work				Years	Months	
Organisation	intment Ex	n Work perience : s extended for the External Exar (Practical (No. of day)	<u>conduc</u> niner l)	t of Exmi Centra (No.		Years e last ye Re-F (No.	Months	Days
Organisation VI. C.O.E. Appoin Capacity at whice AUR (No. of days) 12 (N	intment Ex ch service i Squad Member No. of days)	n Work perience : s extended for the External Exar (Practical (No. of day	conduc niner l) ys)	t of Exmi Centra (No. Eva	nation during th l Evaluation of scripts aluated) 100	Years e last ye Re-F (No.	Months ear Evaluation of scripts	Days
Organisation VI. C.O.E. Appoin Capacity at whice AUR (No. of days) 12 (N	intment Ex ch service i Squad Member No. of days)	n Work perience : s extended for the External Exar (Practical (No. of day 1	conduc niner l) ys)	t of Exmi Centra (No. Eva	nation during th l Evaluation of scripts aluated) 100	Years e last ye Re-F (No.	Months ear Evaluation of scripts	Days

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	DR. SELVARAJ P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	136 MADURAI RAJA KADAI ST,
Line 2	RAJAPALAYAM, PINCODE - 626117
District	VIRUDHUNAGAR
Telephone number	-
Mobile number	+91 - 7010255980
Email	SELVARAJ.RJPM3@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DFJPS4604R
Passport Number	
Aadhar Number	229284599653
Faculty code given by C.O.E.	9524209
Faculty code given by A.I.C.T.E.	17427314761
Date of Birth	21-03-1969
Age	54
I. Particulars of Educational Qualification : (only completed	)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Univ y	ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2003	THIAGAR AJAR COLLEGE OF ENGINEE RING (AUTONO MOUS)	MADU KAMA UNIV TY	ARAJ	59.2	SECOND CLASS	<section-header><section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header></section-header>
P.G.	M.E.	CAD/CAM	2006	OTHERS - ARULMIG U KALASALI NGAM COLLEGE OF ENGINEE RING	ANN4 UNIV TY		65	FIRST CLASS	
PH.D.	PH.D.	NANO SCIENCE AND TECHNOL OGY	2019	CAPE INSTITUT E OF TECHNOL OGY	ANNA UNIV TY		Y		
* Upload Sc	anned copy o	of Original De	egree Certi	ficate.					
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :									
II. Title of	Ph.D. Thesi	S						E PERFORM SING NANO	
III. Facult	v in which P	h.D. was aw				ULTY OF M	ECHANICAL		

IV. Academic Experience : ( Start from the Current working Experience ) \*

III. Faculty in which Ph.D. was awarded

ENGINEERING

Nome of th	o Collogo	Desimation	Designation Joining Date		Relieving Date / Current Date	E	xperience	,		
Name of th	le Collège	Designation			for Presently Working Institutions	Years	Months	Days		
MAHAKAVI BHARATHIYAH OF ENGINEEF TECHNOLOGY	RING AND	OTHERS - VICE PRINCIPAL	15-03-2010		01-10-2018	8	6	18		
PSN INSTITUT TECHNOLOGY SCIENCE		PROFESSOR	OFESSOR 15-02-2022		15-02-2022 20-05-2023		1	3	6	
P S R ENGINE COLLEGE (AUTONOMOU		OTHERS - LECTURER					29-04-2004	3	1	18
P.S.R.R COLLE ENGINEERING		ASSISTANT PROFESSOR 10-05-2006		26-02-2010	3	9	17			
GRACE COLLE ENGINEERING		PRINCIPAL	RINCIPAL 05-10-2018		31-08-2020	1	10	27		
OTHERS - P A POLYTECHNIC		OTHERS - LECTURER	04-10-1	989	27-02-2001	11	4	24		
	•				Total	30	0	21		
V. Industrial E	Experience :									
Name of the	Desimution	Nature of	Toinin	a Data	Delieurinen Dete	E	xperience	,		
Organisation	Designation	Work	Joining Date		Relieving Date	Years	Months	Days		
VI. C.O.E. App Capacity at wh		erience : s extended for the	conduc	t of Exm	ination during th	ne last v	ear			
AUR (No. of	Squad Member (No. of days)	External Examiner (Practical)Central Evaluation (No. of scripts Evaluated)Re-Evaluation (No. of scripts Evaluated)			miner Central Evaluation l) (No. of scripts					
It is certified the	It is certified that all the information provided are true to the best of my knowledge.									

Signature of the Faculty :

NA

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.EINDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	MR. PRASANNA PRABHU R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSOCIATE PROFESSOR
<b>Residential Address</b> Line 1	7-1/27 EAST ST, KOOMAPATTI
Line 2	VIRUTHUNAGAR
District	VIRUDHUNAGAR
Telephone number	04634 - 279086
Mobile number	+91 - 9629292538
Email	PRASANNAPRABHU.R@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BQNPP8811L
Passport Number	
Aadhar Number	835293059058
Faculty code given by C.O.E.	9524048
Faculty code given by A.I.C.T.E.	19319678751
Date of Birth	26-12-1979
Age	44
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEER ING	2002	OTHERS - KALASALI NGAM COLLEGE OF ENGINEER ING	MADURAI KAMARAJ UNIVERSI TY	70	FIRST CLASS	
P.G.	M.E.	ENERGY ENGINEER ING	2004	OTHERS - KALASALI NGAM COLLEGE OF ENGINEER ING	ANNA UNIVERSI TY	73	FIRST CLASS	

#### I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :

II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Loining Data	Relieving Date / Current Date	E	Experience	e
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
INFANT JESUS COLLEGE OF ENGINEERING	OTHERS - LECTURER	29-06-2005	28-11-2005	0	4	30
BHARATH NIKETAN ENGINEERING COLLEGE	ASSISTANT PROFESSOR	27-02-2006	13-10-2008	2	7	15
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	20-10-2009	17-02-2010	0	3	29
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	18-02-2010	20-05-2023	13	3	3
SETHU INSTITUTE OF TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	05-11-2008	12-09-2009	0	10	8
			Total	17	5	28
V. Industrial Experience :						

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	E Years	xperience Months	<b></b>			
_	Years Months Day									
	pointment Expe hich service is o	rience : extended for the co	nduct of Exmina	tion during the la	ast year					
<b>AUR</b> (No. of days) 12	AUR (No. of days)Squad Member (No. of days)External Examiner (Practical) (No. of days)Central Evaluation (No. of scripts Evaluated)Re-Evaluation (No. of scripts Evaluated)									
It is certified th	nat all the inform	ation provided are tru	ue to the best of m	y knowledge.						
Signature of t	the Faculty :	R								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	CIVIL ENGINEERING		
Name of the Degree & Course	B.ECIVIL ENGINEERING		
Name of the faculty member	MRS. PRATHEEBA T		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	12/102/1 VELLAMODI		
Line 2	FRIDAY MARKET-629203		
District	KANYAKUMARI		
Telephone number	-		
Mobile number	+91 - 7639775841		
Email	PRATHEEBA036@GMAIL.COM		
Gender	FEMALE		
Community	BC		
PAN Number	CNWPP4693R		
Passport Number			
Aadhar Number	923372235918		
Faculty code given by C.O.E.	9524112		
Faculty code given by A.I.C.T.E.	13357673913		
Date of Birth	20-03-1992		
Age	31		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2013	UNIVERSI TY COLLEGE OF ENGINEE RING THIRUKK UVALAI	ANNA UNIVERSI TY	73.5	FIRST CLASS	
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	UDAYA SCHOOL OF ENGINEE RING	ANNA UNIVERSI TY	86.8	DISTINCT ION	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File:

II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

### IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College				Relieving Date / Current Date for Presently	Experience			
				Working Institutions	Years	Months	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		SISTANT OFESSOR	22-06-2016	20-05-2023	6	10	29	
UDAYA SCHOOL OF ENGINEERING		SISTANT OFESSOR	01-07-2013	31-05-2014	0	10	31	
				Total	7	10	5	
V. Industrial Experienc	e :							
Name of the Design	tion	Nature of	Laining Data	Dolioving Doto	E	xperience	9	
Organisation Designa	uon	Work	Joining Date	Relieving Date	Years	Months	Days	

AURSquadExternal ExaminerCentral EvaluationRe-Eval(No. ofMember(Practical)(No. of scripts(No. ofdays)(No. of days)(No. of days)Evaluated)Evaluated)								
It is certified that all the information provided are true to the best of my knowledge.								
		6						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING
Name of the faculty member	DR. PRINCE ANTONY JOEL J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	18/494, 21 STREET, SHANTHI NAGAR, PALAYAMKOTTAI
Line 2	TIRUNELVELI, 627002
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9486079946
Email	PRINCEJOEEE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AZIPP8792P
Passport Number	
Aadhar Number	303218325751
Faculty code given by C.O.E.	9527174
Faculty code given by A.I.C.T.E.	12494343574
Date of Birth	04-03-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Univo y	ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2007	FRANCIS XAVIER ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIV TY		7.2	FIRST CLASS	
P.G.	M.E.	MECHATR ONICS ENGINEE RING	2013	RAJAS ENGINEE RING COLLEGE	ANNA UNIV TY		7.5	FIRST CLASS	
PH.D.	PH.D.	MECHATR ONICS ENGINEE RING	2022	FRANCIS XAVIER ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIV TY		Y		ACCENTRATE CONTRACTOR OF CONTRACTOR OF CONTRACTO
* Upload Sc	anned copy o	of Original De	egree Certi	ificate.					
<b>I.a. Additic</b> Score : File :	onal Qualific	c <b>ation :-</b> NO	ADDITION	IAL QUALIFI	CATIO	N			
II. Title of	Ph.D. Thesi	S				MEC	HATRONIC	OF HUMAN S AND INTE H CYBERNE	GRATED
III. Faculty	y in which P	h.D. was aw	arded			FACULTY OF MECHANICAL ENGINEERING			
	nic Experier <mark>m the Curre</mark>	ice: nt working	Experienc	e)*					

Name of th	o Collogo	Designation	Ioinin	g Date	Relieving Date / Current Date for Presently	Experience		
Name of th	e conege	Designation	John	y Date	Working Institutions	Years	Months	Days
OTHERS - KO INSTITUTE O TECHNOLOG SCIENCE	F	ASSISTANT PROFESSOR	14-07-2	014	20-12-2019	5	5	7
SARDAR RAJA OF ENGINEEI		ASSISTANT PROFESSOR 10-03-2021 14-		14-06-2022	1	3	5	
PSN INSTITU TECHNOLOG SCIENCE		ASSISTANT PROFESSOR	02-01-2	023	20-05-2023	0 4 19		
					Total	7	1	2
V. Industrial I	Experience :							
Name of the	Destauration	Nature of	T	- Data	Dell'activa Deta	E	xperience	e
Organisation	Designatio	on Work	Joinin	g Date	Relieving Date	Years	Months	Days
VI. C.O.E. App Capacity at wl		xperience : is extended for the	e conduc	t of Exm	ination during th	ne last v	ear	
AUR (No. of days)	Squad Member (No. of days	External Exa (Practica	miner al)	Centra (No.	l Evaluation of scripts aluated) 150	Re-l (No.	Evaluation of script aluated)	
It is certified th	at all the info	ormation provided ar	re true to	the best o	of my knowledge.			
		A.						
Signature of t								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MS. JEEVA PAULIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	95, MAIN ROAD, NORTH ARIYANAYAKIPURAM,
Line 2	CHERANMAHADEVI TALUK,
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8825857070
Email	JEEVSPAULIN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BSNPJ7185D
Passport Number	
Aadhar Number	505253901048
Faculty code given by C.O.E.	9524201
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	16-07-1997
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2018	FRANCIS XAVIER ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	7.32 CGPA	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRO NICS	2022	P S R ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	9.31 CGPA	DISTINCT ION	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the College	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	26-04-2023	20-05-2023	0	0	25
			Total	0	0	25

### V. Industrial Experience :

Name of the	Designation	Nature of	Toinin	a Data	Dolioving Dot		xperience	ce	
Organisation	Designation	Work	Joinin	ig Date	Relieving Dat	Years	ears Months	Days	
	ointment Expe		conduc	t of Fym	ination during	tha last v	aar		
		rience : extended for the	conduc	t of Exm	ination during	the last y	ear		
					ination during l Evaluation		ear Evaluatior	1	
apacity at wi	hich service is	extended for the	miner	Centra		Re-I		-	

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EMECHANICAL ENGINEERING				
Name of the faculty member	MR. MANIKANDAN S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	4/116-2, S/O SUYAMBULINGAM, RAMANPUTHOOR,				
Line 2	AGASTEESWARAM, PINCODE - 629701				
District	KANYAKUMARI				
Telephone number	-				
Mobile number	+91 - 9003538695				
Email	NSVMANIKANDAN@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BLTPM3744E				
Passport Number					
Aadhar Number	233688636141				
Faculty code given by C.O.E.	9524238				
Faculty code given by A.I.C.T.E.	143379006843				
Date of Birth	30-06-1987				
Age	36				
I. Particulars of Educational Qualification : (only con	npleted)				

Category	Name of the Degree	Specializa tion	n Year of Passing	Name of the College	Nam th Unive	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2008	THIRUMA LAI ENGINEE RING COLLEGE	ANNA UNIVE TY		79	FIRST CLASS		
P.G.	M.E.	MANUFAC TURING ENGINEE RING	2014	M E T ENGINEE RING COLLEGE	ANNA UNIVE TY		7.6 CGPA	FIRST CLASS	Anna An	
* Upload Sc	anned copy o	of Original D	egree Certifi	cate.						
<b>I.a. Additic</b> Score : File :	onal Qualific	a <b>tion :-</b> NC	ADDITIONA	AL QUALIF	ICATION					
II. Title of	Ph.D. Thesi	5								
III. Faculty	v in which P	h.D. was av	varded							
	nic Experien n the Curre		Experience	) *						
					Relieving Da / Current Da		rrent Date	te Experie		e
Name o	f the Colleg	e De	signation	Joinin	g Date	V	Presently Vorking stitutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSIS PROFI	TANT ESSOR	01-06-2	019	20-0	5-2023	3	11	20
							Total	3	11	25
	al Experien	c <b>e :</b>								
V. Industri								E	xperience	<b>.</b>
	the			<u></u>						
V. Industri Name of Organisat	I Docium	ation Nat	ure of Work	k Joinin	g Date	Reli	eving Date	Years	Months	Days
Name of t Organisat VI. C.O.E. 2	I Docium	t Experien	ce :					Years		Days

dave Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND
	SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING
Name of the faculty member	MR. GANAPATHY NELLAI NAYAGAM S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	PLOT NO 55, IST CROSS STREET, MANGAMMAL SALAI, KAMATCHI NAGAR
Line 2	PALAYAMKOTTAI, PIN - 627011
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9894808441
Email	SGANAPATHY2K@GMAIL.COM
Gender	MALE
Community	OC
PAN Number	AMMPG9437B
Passport Number	
Aadhar Number	791685409028
Faculty code given by C.O.E.	9527098
Faculty code given by A.I.C.T.E.	1800494625
Date of Birth	05-07-1979
Age	44
I. Particulars of Educational Qualification : (only co	mpleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2001	MAHARAJ A ENGINEE RING COLLEGE	BHARATHI YAR UNIVERSI TY	62	SECOND CLASS	The second secon
P.G.	M.E.	MANUFAC TURING ENGINEE RING	2004	NATIONAL ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA UNIVERSI TY	67	FIRST CLASS	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

### II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

## IV. Academic Experience :

# ( Start from the Current working Experience ) $\ast$

Name of the College	Decignation	Joining Date	Relieving Date / Current Date	Experience		
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	27-06-2022	20-05-2023	0	10	24
SARDAR RAJA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	05-01-2012	08-03-2021	9	2	4
INFANT JESUS COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	03-06-2009	28-10-2011	2	4	26
MAHARAJA ENGINEERING COLLEGE	OTHERS - LECTURER	02-06-2005	11-05-2009	3	11	10
	•	•	Total	16	5	7

### V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Data	Relieving Date	Experience		
Organisation	Designation	Nature of work	Joining Date	Keneving Date	Years	Months	Days

-	ppointment Expe which service is e		t of Exmination during th	ie last year			
AUR (No. of days)Squad Member 							
It is certified	that all the inform	ation provided are true to	the best of my knowledge.				
	\$r.\	Hargarelyn					
Signature of	the Faculty :						

Name of the College	9524 - PSN INSTITUTE OF
	TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. SOLAI RAJA V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	107, 2ND STREET, VELAYUTHAPURAM
Line 2	KOVILPATTI - 628501
District	THOOTHUKUDI
Telephone number	04634 - 279086
Mobile number	+91 - 9994575678
Email	RAJA.SOLAI1@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	GEZPS6965D
Passport Number	
Aadhar Number	304617990894
Faculty code given by C.O.E.	9531083
Faculty code given by A.I.C.T.E.	17366737388
Date of Birth	21-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

U.G. H					Name of the College y		obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e	
					ANN/ UNIV TY		73	FIRST CLASS			
P.G. M.E. R SCIE AND ENG		COMPUTE R SCIENCE AND ENGINEE RING	2012	GOVERN MENT COLLEGE OF ENGINEE RING TIRUNEL VELI	ANN/ UNIV TY	I/h i		FIRST CLASS			
I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File : II. Title of Ph.D. Thesis III. Faculty in which Ph.D. was awarded											
IV. Academi ( Start from			Experienc	e)*							
							Relieving Date / Current Date		xperience	ence	
Name of the College Designation Joining Date						for Presently Working Institutions		Years	Months	Days	
THAMIRABHARANI ASSISTANT PROFESSOR 22-12-2014						30-04	-2019	4	4	10	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE ASSISTANT PROFESSOR 20-06-2019						20-05-2023		3	11	1	
						<b>Total</b> 8 3 13					
V. Industria	l Experienc	ce :									
Name of the OrganisationDesignationNature of WorkJoining Date						Relie	Relieving Date		Experience Years Months Day		

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)						
It is certified that all the information provided are true to the best of my knowledge.										
Signature of	the Faculty :	104								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	SCIENCE AND HUMANITIES				
Name of the Degree & Course	B.EGENERAL ENGINEERING				
Name of the faculty member	MR. MADHUSOODHANAN NAIR A				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	1-4, KRISHNA BHAVAN, THENKARAI				
Line 2	THUCKALAY, PIN - 629175				
District	KANYAKUMARI				
Telephone number	-				
Mobile number	+91 - 9952950136				
Email	PSNITS.PRINCIPAL@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	ATJPM2481R				
Passport Number					
Aadhar Number	851309864830				
Faculty code given by C.O.E.	9524229				
Faculty code given by A.I.C.T.E.	AU1				
Date of Birth	20-05-1959				
Age	64				
I. Particulars of Educational Qualification : (only con	npleted)				

Category	Name of the Degree Specializa tion			Year of Passing	tho		Name of the University		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)		Class obtaine	d Cer	Certificate	
U.G.	B.E.	MECHANI CAL ENGINEER ING		2011	REGION CAMPU	NIVESITY GIONAL MPUS T		ANNA UNIVERSI TY			IRST LASS	EDITION IN DODATE		
P.G.	M.E. ENERGY ING			2014	CAPE INSTITU OF TECHNO OGY	STITUTE ANN UNIX CHNOL TY		ANNA UNIVERSI TY			FIRST CLASS		a <b>Bining</b> and the second seco	
* Upload Sc	anned copy o	of Origi	nal Deg	ree Certifi	cate.									
<b>I.a. Additic</b> Score : File :														
II. Title of	II. Title of Ph.D. Thesis													
III. Faculty	y in which P	h.D. wa	as awa	rded										
	nic Experier n the Curre		king E	xperience	) *									
					Ioi	ninc	/ <b>C</b> 1		elieving Date Current Date or Presently				ce	
Name	Name of the College		Designation		JU	Joining Da		Working Institutio		/orking		Month	s Days	
	TECHNOLOGY AND PROT		ASSIST PROFE		11-07-20		18	20-05-2023		5-2023 4		10	10	
		I					Total 4				10	15		
V. Industri	al Experien	ce :												
Name of the										Ex		xperien	perience	
	Organisation Designation Nature of W			re of Wor	Nork Joi		ning Date Re		Relieving Date		Years	Month	s Days	
	Appointmer t which serv				conduct	t of 1	Exminat	ion c	luring the		st vear			
AUR (No. of days)	No. of Member (Practical)			Central Evaluation (No. of scripts Evaluated)			Re-Evaluation (No. of scripts Evaluated)							
 It is certifie	d that all the	inform	ation p	rovided are	e true to l	the b	est of my	y kno	wledge.					

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	DR. ANANTHI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/102, MIDDLE STREET, KALATHUMADAM
Line 2	ALANGULAMM TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9865989247
Email	ANANTHIARIVALAGAN@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	APGPA6203A
Passport Number	
Aadhar Number	830617196035
Faculty code given by C.O.E.	9524200
Faculty code given by A.I.C.T.E.	143391946613
Date of Birth	20-05-1974
Age	49
I. Particulars of Educational Qualification : (only compl	eted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate	
U.G.	B.A.	OTHERS - TAMIL	1994	OTHERS - SRI PARASAKT HI COLLEGE FOR WOMEN	MANOMA NIAM SUNDARN AR UNIVERSI TY	73	FIRST CLASS		
P.G.	OTHERS - M.A.	OTHERS - TAMIL	2011	OTHERS - DDCE	MANOMA NIAM SUNDARN AR UNIVERSI TY	71	FIRST CLASS		
P.G.	OTHERS - M.PHIL.	OTHERS - TAMIL	2007	OTHERS - DDCE	MANOMA NIAM SUNDARN AR UNIVERSI TY	74	FIRST CLASS		
PH.D.	PH.D.	OTHERS - TAMIL	2019	OTHERS - M S UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	Y			
* Upload Sc	canned copy o	f Original Deg	ree Certifi	cate.					
<b>I.a. Additio</b> Score : File :	DDITIONA	ATION							
II. Title of	II. Title of Ph.D. Thesis					TAMIL			
III. Faculty in which Ph.D. was awarded					FACULTY OF SCIENCE AND HUMANITIES				

IV. Academic Experience : ( Start from the Current working Experience ) \*

**Relieving Date** Experience / Current Date Name of the College Designation Joining Date for Presently Working Years Months Days Institutions PSN INSTITUTE OF ASSISTANT 0 TECHNOLOGY AND 02-01-2023 20-05-2023 4 19 PROFESSOR SCIENCE Total 0 4 21 V. Industrial Experience :

Name of the	Designation	Nature of Work	Joining Date	Relieving Date	Experience					
Organisation	n	Nature of Work	Joining Date	Kellevilly Date	Years	Months	Days			
	pointment Expe hich service is o	rience : extended for the cor	nduct of Exminat	ion during the la	st year					
AUR (No. of days)	AUR (No. ofSquad MemberExternal Examiner (Practical)Central Evaluation (No. of scripts)Ref									
It is certified t	hat all the inform	ation provided are tru	e to the best of my	y knowledge.						
	P. Amolti									
Signature of	the Faculty :									

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	DR. GANESH K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	20/13, GANESH BHAVAN, VIGNESWARA STREET
Line 2	ERANIEL, NEYYOR POST, PIN - 629802
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9500819699
Email	KGANESHAUTO@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ANTPG7191A
Passport Number	
Aadhar Number	566204840677
Faculty code given by C.O.E.	9524210
Faculty code given by A.I.C.T.E.	19570883877
Date of Birth	11-08-1982
Age	41
I. Particulars of Educational Qualification :	(only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	tł	ne of ne lege	Name the Univer	)	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtaine		ificat e	
U.G.	B.E.	AUTOMOB ILE ENGINEER ING	2005	HIND HAN COLL OF ENGI ING A TECH OGY(A NOM	EGE NEER ND NOL AUTO	ANNA UNIVEI TY	RSI	64	FIRST CLASS		A CANADA A C	
P.G.	M.TECH.	OTHERS - INTERNAL COMBUSTI ON ENGINES	2012	OTHE VEL T UNIV TY	ECH	OTHER VEL TE UNIVEI TY	СН	8.24 CGPA	FIRST CLASS		The second	
PH.D.	PH.D.	MECHANI CAL ENGINEER ING	2018	OTHE VEL T UNIV TY	ЕСН	OTHER VEL TE UNIVEI TY	СН	Y				
Score : File :	onal Qualific	s	DDITIONA	AL QUA	PEF	RFORMA LOPHYLI	LUM	AND EMISS	JM AND J	ATROPHA		
III. Faculty	v in which Pl	h.D. was awa	rded					IN A DI DII				
IV. Acaden	nic Experien			)*								
Nama	of the Colleg	Dag	imation			- Data	/ <b>C</b> ı	ieving Date irrent Date	, Ľ	xperience	perience	
Name	of the Colleg	je Des	signation	J	oining	j Date	1	r Presently Working stitutions	Years	Months	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE ASSOCIATE PROFESSOR 01-		-02-20	23	20-0	05-2023	0	3	20				
								Tota	1 0	3	21	
V. Industri	al Experienc	ce :										
Name of the Designation		ation Natu	re of Wor	• •	oining	. Data	<b>B</b> ol	ioving Date	E	Experience		
Organisation Designation			Nature of Work		Joining Date R			Relieving Date	Years	Months	Dave	

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)Squad Member 										
It is certified t	hat all the informa	tion provided are true to th	e best of my knowledge.							
Signature of	the Faculty :	p-								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	PHYSICS
Name of the Degree & Course	S&H-PHYSICS
Name of the faculty member	MS. SIVASHAKTHI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	48C, SUBASCHANDRABOSEPURAM
Line 2	TIRUNELVELI, KALAKAD, PIN - 627501
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8220838598
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	FOGPS9560N
Passport Number	
Aadhar Number	470855621455
Faculty code given by C.O.E.	9524215
Faculty code given by A.I.C.T.E.	14562422435
Date of Birth	11-05-1992
Age	31
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - PHYSICS	2012	OTHERS - TDMNS COLLEGE	ANNA UNIVERSI TY	86.6	FIRST CLASS	
P.G.	M.SC.	OTHERS - PHYSICS	2014	OTHERS - VHNSN COLLEGE	MADURAI KAMARAJ UNIVERSI TY	74.8	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - PHYSICS	2015	OTHERS - ANJA COLLEGE	MADURAI KAMARAJ UNIVERSI TY	80.9	DISTINCTI ON	

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience			
Name of the Conege	Joining Date		Working Institutions	Years	Months	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	CHNOLOGY AND ASSISTANT 11-07-2018 20-05-2023		20-05-2023	4	10	10	
			Total	4	10	15	
V. Industrial Experience	•						
Name of the Designati	Joining Date	Relieving Date	Experience				
Organisation	Work	Joining Date	Keneviny Date	Years	Months	Days	

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year											
AUR (No. of days)Squad Member 											
It is certified	that all the inform	ation provided are true to	the best of my knowledge								
	It is certified that all the information provided are true to the best of my knowledge.										
Signature of	f the Faculty :										

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MS. SANTHANAMARI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	153, AMMAN KOVIL STREET, EAST DEVANALLUR
Line 2	TIRUNELVELI, NANGUNERI TK
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9944192266
Email	MARIMATHS89@GMAIL.COM
Gender	FEMALE
Community	OTHERS - DNC
PAN Number	HSNPS5139C
Passport Number	
Aadhar Number	874575956542
Faculty code given by C.O.E.	9524219
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	07-05-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2010	OTHERS - THIRUVA LLUVAR COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	63	SECOND CLASS	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2012	OTHERS - SARAH TUCKER COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	71.16	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEM ATICS	2014	OTHERS - ST JOHNS COLLEGE PALAYAM KOTTAI	MANOMA NIAM SUNDARN AR UNIVERSI TY	73	FIRST CLASS	

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title	of Ph.D.	Thesis
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III. Faculty in which Ph	.D. was awarded
--------------------------	-----------------

#### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Designation Joining Date		Experience		
Name of the Conege	Designation	Jonning Date	Dining Date for Presently Working Institutions		Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	03-08-2016	20-05-2023	6	9	18
	Total	6	9	22		
				•	•	

# V. Industrial Experience :

Name of the	ne of the anisation Designation	Nature of	Relieving Date	Experience			
Organisation	Designation	Work	Joining Date		Years	Months	Days

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)		
It is certified that all the information provided are true to the best of my knowledge.						
		N atta				
		Ø Bath				

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	MATHEMATICS		
Name of the Degree & Course	S&H-MATHEMATICS		
Name of the faculty member	MRS. LAKSHMI GANDHI K		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	15/46, THIRD STREET,		
Line 2	PERUMALPURAM		
District	TIRUNELVELI		
Telephone number	-		
Mobile number	+91 - 9489965919		
Email	LAKSHMIGANDHIKK@GMAIL.COM		
Gender	FEMALE		
Community	OC		
PAN Number	ADVPL0795P		
Passport Number			
Aadhar Number	575927902707		
Faculty code given by C.O.E.	9524217		
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	03-05-1975		
Age	48		
I. Particulars of Educational Qualification : (only compl	eted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	1996	OTHERS - DEVANGA ARTS COLLEGE	MADURAI KAMARAJ UNIVERSI TY	69	FIRST CLASS	<section-header><section-header><section-header><section-header><text><text><text></text></text></text></section-header></section-header></section-header></section-header>
P.G.	M.SC.	OTHERS - MATHEMA TICS	1998	OTHERS - SBK COLLEGE	MADURAI KAMARAJ UNIVERSI TY	79	FIRST CLASS	<section-header><section-header><section-header><section-header><section-header><section-header><text><text><text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header>
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEMA TICS	1999	OTHERS - MADURAI KAMARAJ UNIVERSI TY	MADURAI KAMARAJ UNIVERSI TY	66	FIRST CLASS	<section-header><section-header><section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header></section-header></section-header>

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Decignation			/ Current Date		xperience	è
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	08-05-2023	20-05-2023	0	0	13	
			Total	0	0	13	
V. Industrial Experience :							

Name of the	Designation	Nature of Work Joining	Joining Data	Dolioving Data	Experience		
Organisation	Designation	Nature of work	Joining Date	Kelleving Date	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
				Re-Evaluation (No. of scripts Evaluated)			
It is certified t	that all the inform	ation provided are true to t	he best of my knowledge.				
	It is certified that all the information provided are true to the best of my knowledge.						
Signature of	the Faculty :						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	SCIENCE AND HUMANITIES		
Name of the Degree & Course	B.EGENERAL ENGINEERING		
Name of the faculty member	MR. RAJAGOPAL V		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	15, 1ST MAIN STREET, 8TH CROSS STREET,		
Line 2 KAMATCHI NAGAR, TIRUNELVELI			
District	TIRUNELVELI		
Telephone number	-		
Mobile number	+91 - 9952128835		
Email	LAKSHAVIN@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	BVAPR7710L		
Passport Number			
Aadhar Number	643454895585		
Faculty code given by C.O.E.	9524202		
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	27-09-1982		
Age	41		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	the	College University		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	d Clas obtain		tificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2010	GOVERN MENT COLLEG OF ENGINE RING TIRUNEI VELI	T ANNA LEGE ANNA INEE TY		57	SECON CLASS		
P.G.	M.E.	MANUFA CTURING ENGINEE RING	2013	SARDAR RAJA COLLEG OF ENGINE RING	E ANN	A /ERSI	7.84 CGPA	FIRST CLASS	Automatication of the second s	
* Upload Sc	* Upload Scanned copy of Original Degree Certificate.									
Score : File :	onal Qualific		ADDITION	IAL QUAL	IFICATIC	DN				
III. Faculty	in which P	h.D. was aw	arded							
IV. Acaden	nic Experien n the Curre	ice :		e)*						
						Relieving Date / Current Date			Experienc	e
Name of	f the College	e Desig	gnation	Joining Date		V	for Presently Working Institutions		Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		05-04-20	023	20-05	5-2023	0	1	16
		ł		•			Tota	al 0	1	16
V. Industri	al Experien	ce :								
Name of the Nature of							_		Experienc	e
Organisation Designation Work Joining Date						Reli	eving Dat	e Years	Months	Days
	Appointmen			a candua	t of Evm	inatio	n during	the last r		
AUR (No. of days)	(No. of Member (Practical) (No.					uation ripts	Re-l (No.	Evaluatio of script aluated)		

It is certified that all the information provided are true to the best of my knowledge.

MM

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MR. PREMKUMAR P S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	149, NGO NEW COLONY
Line 2	TIRUNELVELI
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9444133649
Email	PSPREM2002@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ATAPP7948H
Passport Number	
Aadhar Number	788210972206
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	05-03-1973
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	$\mathbf{t} \mathbf{O} \mathbf{w}_{1}$ $\mathbf{t} \mathbf{h} \mathbf{O}$ $\mathbf{h} \mathbf{h}$ $\mathbf{h}$		Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	1993	OTHERS - ST JOHNS COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	68	FIRST CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2010	PSN ENGINEE RING COLLEGE	ANNA UNIVERSI TY	64	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MANAGE MENT	2012	OTHERS - PRIST UNIVERSI TY	OTHERS - PRIST UNIVERSI TY	61	FIRST CLASS	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

### II. Title of Ph.D. Thesis

## III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : (Start from the Current working Experien

( Start from the Current working Experience	) *
---	-----

Name of the College	Designation	Relieving Date / Current Date for Presently	Experience			
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	03-05-2023	20-05-2023	0	0	18
		Total	0	0	18	

# V. Industrial Experience :

Name of the OrganisationDesignationNature of WorkJoining DateRelieving DateExperienceYearsMonthsDays	Name of the	Designation	Nature of	Loining Data	Polioving Data	E	xperience	,
	Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days

-	ppointment Expe which service is (	rience : extended for the conduc	t of Exmination during	the last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
It is certified	that all the inform	ation provided are true to	the best of my knowledge	e.
		N. A.		
		P.J. m.		
Signature of	the Faculty :			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	MASTER OF BUSINESS ADMINISTRATION		
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION		
Name of the faculty member	MRS. MALATHY K		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	5/95B, NORTH STREET,		
Line 2 RENGASAMUDRAM, PIN - 627413			
District	TIRUNELVELI		
Telephone number	-		
Mobile number	+91 - 9486702177		
Email	PSNITS.PRINCIPAL@GMAIL.COM		
Gender	FEMALE		
Community	BC		
PAN Number	ATZPM9983G		
Passport Number			
Aadhar Number	827831875735		
Faculty code given by C.O.E.			
Faculty code given by A.I.C.T.E.	AU1		
Date of Birth	04-01-1976		
Age	47		
I. Particulars of Educational Qualification : (only com	pleted)		

Category	Name of the Degree	Specializa tion	a Year of Passing	Name of the College	the		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	obtain		tificat e
U.G.	B.COM.	COMMER CE	1996	OTHERS - UNIVERS TY OF MADRAS	JNIVERSI TY OF		58	SECON CLASS	SECOND CLASS	
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION		PSN ENGINEE RING COLLEGE	ENGINEE UNIVER		NIVERSI 8.06			
* Upload Scanned copy of Original Degree Certificate.										
I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score : File :										
II. Title of	Ph.D. Thesis	6								
III. Faculty	in which P	h.D. was av	varded							
	nic Experien n the Curre		Experience	) *						
							Relieving Date / Current Date			
Name o	f the Colleg	e De	signation	gnation Joinii		V	Presently Vorking stitutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSIS PROFI	TANT ESSOR	05-05-2	023	20-0	5-2023	0	0	16
							Tota	al 0	0	16
V. Industri	al Experienc	ce :								
Name of t	the				1			I	Experienc	e
Organisation Designation Nature of Work			k Joinir	ng Date	Reli	eving Dat	e Years	Months	1	
	Appointmen									
Capacity at AUR (No. of days)	(No. of Member (Practical)				Of Exmination during the last yearCentral EvaluationRe-Evaluation(No. of scripts(No. of scriptsEvaluated)Evaluated)					
It is certified that all the information provided are true to the best of my knowledge.										



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE					
Name of the Department	MASTER OF BUSINESS ADMINISTRATION					
-	M.B.AMASTER OF BUSINESS ADMINISTRATION					
	DR. NIDHYA P					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
	4/109, YADHAVAR STREET,					
Line 2	THERKU KADAYAM, POTTALPUDUR					
District	TIRUNELVELI					
Telephone number	-					
Mobile number	+91 - 9655142586					
Email	PSNITS.PRINCIPAL@GMAIL.COM					
Gender	FEMALE					
Community	BC					
PAN Number	ATCPN1100F					
Passport Number						
Aadhar Number	626133301829					
Faculty code given by C.O.E.						
Faculty code given by A.I.C.T.E.	AU1					
Date of Birth	23-08-1985					
Age	38					
I. Particulars of Educational Qualification : (only co	ompleted)					

Category	Name of the Degree	Specializat ion	Year of Passing	Name the Colle	)	Name o the Universi	ity	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate	
U.G.	B.A.	ENGLISH	2007	OTHER SRI PARASA HI COLLE FOR WOMEI	AKT GE	MANOM IAM SUNDAR AR UNIVERS Y	N	55	SECOND CLASS		
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2009	ANNA UNIVESITY REGIONAL CAMPUS,T RUNELVEI I		ANNA UNIVERS Y	SIT	74	FIRST CLASS		
P.G.	OTHERS - M.PHIL.	OTHERS - MANAGEM ENT	2017	OTHERS - MANONM NIAM SUNDARA NAR UNIVERSI Y		MANOM IAM SUNDAR AR UNIVERS Y	N	2017	FIRST CLASS		
PH.D.	PH.D.	MASTER OF BUSINESS ADMINIST RATION	2021	OTHERS - MANONM NIAM SUNDARA NAR UNIVERS Y		MANOM IAM SUNDAR AR UNIVERS Y	N.	Y			
* Upload Sc	canned copy of	Original Deg	ree Certific	cate.							
<b>I.a. Additic</b> Score : File :	onal Qualifica	ation :- NO AI	DDITIONA	L QUALI	FICA	TION					
II. Title of	II. Title of Ph.D. Thesis						A STUDY ON IMPACT OF TEACHER MORAL ON STUDENT DEVELOPMENT OF MATRICULATION HIGHER SECONDARY SCHOOLS IN TIRUNELVELI DISTRICT				
III. Faculty in which Ph.D. was awarded					FACULTY OF MANAGEMENT						
	nic Experienc <mark>m the Curren</mark>		perience	) *							
				oinin	ıg Date	/ Cu for	ieving Dat Irrent Dat Presently Working	e Exp	erience		

Name of the College	Designation	Joining Date	/ Current Date for Presently	Experience		
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	03-05-2023	20-05-2023	0	0	18	
	0	0	18			

V. Industrial	Experience :									
Name of the Organisation	Decignation	Nature of Work	Joining Date	Relieving Date	ExperienceYearsMonthsDays					
	pointment Expendent Expendent content provide the provided the provide	rience : extended for the condu	ict of Exminatio	n during the last	year					
AUR (No. of days)	Squad Member (No. of days)	External Examine (Practical) (No. of days)	(No. o	Evaluation f scripts uated)	Re-Evaluation (No. of scripts Evaluated)					
It is certified t	hat all the informa	ation provided are true t	o the best of my k	mowledge.						
Signature of	It is certified that all the information provided are true to the best of my knowledge.          Signature of the Faculty :									

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MASTER OF BUSINESS ADMINISTRATION
Name of the Degree & Course	M.B.AMASTER OF BUSINESS ADMINISTRATION
Name of the faculty member	MS. JENIFER A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/50, KARUVEL NADAR STREET
Line 2	AVUDAIYANOOR, TIRUNELVELI - 627808
District	TENKASI
Telephone number	-
Mobile number	+91 - 8428305893
Email	JENIFERA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BDMPJ2431A
Passport Number	
Aadhar Number	335790024641
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-05-1996
Age	27
I. Particulars of Educational Qualification : (only completed	)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th Univ	ne of ne rersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.A.	OTHERS - HISTORY	2016	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	MANO NIAM SUNI AR UNIV TY	I DARN	58	SECON CLASS		
P.G.	M.B.A.	MASTER OF BUSINESS ADMINIST RATION	2018	PSN ENGINEE RING COLLEGE	ANNA UNIV TY		75	FIRST CLASS		
* Upload Sc	anned copy c	f Original De	egree Certi	ficate.						
<b>I.a. Additio</b> Score : File :	onal Qualific	ation :- NO	ADDITION	AL QUALIF	CATIO	N				
(I. Title of	Ph.D. Thesi	5								
III. Faculty	y in which P	h.D. was awa	arded							
	nic Experien m the Curre		Experienc	e)*						
						Relieving Date / Current Date		Hyportonco		•
Name of	f the College	Desig	<b>jnation</b>	Joining Date		for Presently Working Institutions		Years	Months	Days
PSN INST TECHNOL SCIENCE		ASSISTA PROFES		05-05-202	3	20-05-2023		0	0	16
				1			Total	0	0	16
	ial Experien	ce :								
V. Industri								E	xperience	<b>,</b>
	tho	N	Name of the OrganisationDesignationNature of Work		Joining Date		<b>Relieving Date</b>		Months	Days
Name of	I HOCIAN	ation		Joining				Years	MUIIUIIS	Days
Name of f Organisat VI. C.O.E. 2	tion Design Appointmen	t Experience	Work							Dujs
Name of Organisat VI. C.O.E. 2	tion	ation t Experience ice is extend d Ext er	Work	e conduct o miner al)	of Exmi Centra (No.		uation ripts	e last y Re-E (No.		1



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
	COMPUTER SCIENCE AND
Name of the Department	ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MS. BALASUBRAMANIAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	95/74A, BHARATHI DASAN STREET,
Line 2	CHERANMAHADEVI, PIN - 627414
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9940733802
Email	BALUIT303@REDIFFMAIL.COM
Gender	MALE
Community	MBC
PAN Number	BSMPB5354H
Passport Number	
Aadhar Number	908161500074
Faculty code given by C.O.E.	9524175
Faculty code given by A.I.C.T.E.	111096480697
Date of Birth	26-09-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th Univ	ne of ne rersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e	
U.G.	B.TECH.	INFORMA TION TECHNOL OGY	2008	SCAD COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANN/ UNIV TY		73	FIRST CLASS			
P.G.	M.TECH.	OTHERS - COMPUTE R SCIENCE AND ENGINEE RING	2013	OTHERS - PONNAIY AH RAMAJAY AM INSTITUT E OF SCIENCE AND TECHNOL OGY	OTHE PRIST UNIV TY THAN UR	Г ERSI	8 CGPA	FIRST CLASS	e de la constanción de la cons		
* Upload Sc	anned copy o	of Original De	egree Certi	ficate.							
I.a. Addition Score : File :	onal Qualifio	cation :- NO	ADDITION	IAL QUALIFI	CATIO	N					
II. Title of	Ph.D. Thesi	S									
III. Faculty	y in which P	h.D. was aw	arded								
	nic Experier m the Curre	nce: nt working	Experienc	e)*							
						Relieving Date / Current Date		Е	xperience	ience	
	f the Colleg	e Desi(	gnation	Joining Date		for Presently Working Institutions		Years	Months	Days	
R V S COL ENGINEEI TECHNOL	RING AND	ASSISTA PROFES		13-07-2010 1		15-04-2011		0	9	3	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE ASSISTANT PROFESSOR		08-09-2021		20-05	5-2023	1	8	13			
R V S COL ENGINEEI TECHNOL	RING AND	ASSISTA PROFES		01-07-2013	}	11-05	5-2018	4	10	11	
							Total	7	3	0	
V. Industri	. Industrial Experience :										

Name of the	e Designation	Nature of	Ioinin	g Date	Relieving Date	Experience			
Organisatio	n	Work	John	g Date		Years	Years Months Day		
	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days)Squad Member 									
It is certified t	hat all the inform	ation provided ar	e true to	the best o	of my knowledge.				
Signature of	the Faculty :	3 level Mercanico							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MRS. SREE DHARSHINI D S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	3/82A, SA STREET, SEETHAPAL,
Line 2	BOOTHAPANDY POST, KANYAKUMARI
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 7418690114
Email	SREEDHARSHINI92@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	FBGPS8472G
Passport Number	
Aadhar Number	952850355314
Faculty code given by C.O.E.	9524197
Faculty code given by A.I.C.T.E.	143373434504
Date of Birth	09-08-1992
Age	31
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Nam th Unive	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	CIVIL ENGINEE RING	2014	ARUNACH ALA COLLEGE OF ENGINEE RING FOR WOMEN	ANNA UNIVE TY		7 CGPA	FIRST CLASS		
P.G.	M.E.	CONSTRU CTION ENGINEE RING AND MANAGE MENT	2016	VINS CHRISTIA N COLLEGE OF ENGINEE RING	ANNA UNIVE TY		8 CGPA	FIRST CLASS		
* Upload Sc	anned copy o	f Original De	gree Certif	ïcate.						
<b>I.a. Additio</b> Score : File :	onal Qualific	ation :- NO A	ADDITION	AL QUALIFI	CATION					
II. Title of	Ph.D. Thesis									
III. Faculty	y in which Pl	n.D. was awa	arded							
	nic Experien m <mark>the Curre</mark> r		Experience	; ) *						
		Dec		Takata	Data	/ <b>Cu</b>	eving Date rrent Date	E	xperience	è
Name o	f the College	besi	ignation	Joinin	g Date	Date for Presently Working Institutions		Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSIST. PROFES		12-12-20	)22	22 20-05-2023		0	5	9
		l				•	Total	0	5	11
V. Industri	al Experienc	e :								
Name of	the _							E	xperience	
Organisat	I LIOCIAN'	ation   Natu	re of Wor	k Joinin	g Date	Reli	eving Date	Years	Months	Days
	Appointment			onduct c	f Frmin	ation	during the	last voo		
AUR (No. of days)	Capacity at which service is extended for the conduct of Exmination during the last yearAURSquadExternal Examiner (Practical)Central Evaluation (No. of scriptsRe-Evaluation (No. of scripts									

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the faculty member	MR. SUNIL RAJ T A		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	10/55A, VILATHIVILAI, PAZHAVILAI POST		
Line 2	KANYAKUMARI-629501		
District	KANYAKUMARI		
Telephone number	04652 - 250987		
Mobile number	+91 - 9943337656		
Email	TASUNILRAJ@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	GNAPS0243E		
Passport Number			
Aadhar Number	530793545206		
Faculty code given by C.O.E.	9524011		
Faculty code given by A.I.C.T.E.	1757613461		
Date of Birth	15-07-1987		
Age	36		
I. Particulars of Educational Qualification : (only completed	)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2008	OTHERS - SUN COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	65	FIRST CLASS	
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2010	BANNARI AMMAN INSTITUT E OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	72	FIRST CLASS	

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

 File :

 II. Title of Ph.D. Thesis

 III. Faculty in which Ph.D. was awarded

 IV. Academic Experience :

( Start from the Current working Experience )  $\ast$ 

Name of the College	College Designation		Joining Date	Relieving Date / Current Date for Presently	Experience			
	Conege	Designation	Working Institutions	Years	Months	Days		
PSN INSTITUTE TECHNOLOGY A SCIENCE			18-07-2011	20-05-2023	11	10	3	
	•			Total	11	10	8	
V. Industrial Ex	perience :							
Name of the	Decimation	Nature of	Joining Data	Dolioving Doto	Experien		<b>,</b>	
Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days	

	ppointment Expe which service is (	rience : extended for the conduc	t of Exmination during	the last year
AUR (No. of days)	Squad Member (No. of days)	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)	
It is certified	that all the inform	ation provided are true to	the best of my knowledge	·
Signature of	the Faculty :	Ň		

	1		
Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING		
Name of the faculty member	MR. SIVAMANI R		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	KEEZHA MAVILAI ,SOUTH SOORANKUDY POST,		
Line 2 KANYAKUMARI -629501			
District	KANYAKUMARI		
Telephone number	04634 - 279086		
Mobile number	+91 - 9944261809		
Email	SIVAMANI0506@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	EFYPS6818P		
Passport Number			
Aadhar Number	486085501654		
Faculty code given by C.O.E.	9524104		
Faculty code given by A.I.C.T.E.	12916484088		
Date of Birth	05-06-1988		
Age	35		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name o the College	t ti Univ	ne of he versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	d Clas obtain		tificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2011	UNIVERS TY COLLEG OF ENGINE RING NAGERC IL	E ANN E UNIV	A /ERSI	67	FIRST CLASS		
P.G.	M.E.	POWER ELECTRO NICS AND DRIVES	2013	OTHERS MNM JAI ENGINE RING COLLEG	IN ANN E UNIV TY	IA VERSI 7.8 CGPA		FIRST CLASS	- A Contraction of the Contracti	An and a second
* Upload Sc	anned copy c	f Original De	egree Certi	ficate.						
Score : File :	onal Qualific		ADDITION	IAL QUAL	IFICATIC	DN				
III. Faculty	v in which P	h.D. was aw	arded							
	nic Experien n the Curre		Experienc	e)*						
Name of	the College	Desi	gnation	Ioinin	a Date	/ Current Date		Relieving Date / Current Date for Presently		e
	the conege		Jiiution	Joining Date		Ior Presently Working Institutions		Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		04-01-20	016	20-05	5-2023	7	4	17
							Tota	al 7	4	19
V. Industri	al Experien	ce :								
Name of	the	Na	ature of	Toinin	- Data	Dali	andre a Dat	H	Experienc	e
Organisat	Organisation     Designation     Nature of Work     Joining Date				Kelle	eving Dat	e Years	Months	Days	
	Appointmen t which serv			e conduc	t of Fym	inatio	n during	the last s	vear	
AUR (No. of days)	Squa Memb (No. of d	d Ex er	ternal Exa (Practica (No. of da 2	miner al)	Centra (No		uation ripts	Re-] (No	Evaluatio . of script /aluated)	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	MECHATRONICS ENGINEERING		
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING		
Name of the faculty member	MR. VIJAYAN T		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	9/346-4, MADAKANPATTI STREET		
Line 2	AVUDAIYANOOR, PIN - 627808		
District TENKASI			
Telephone number	-		
Mobile number	+91 - 8681894901		
Email	RTVIJAYAN@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	BOBPV6206F		
Passport Number			
Aadhar Number	536582941240		
Faculty code given by C.O.E.	9524230		
Faculty code given by A.I.C.T.E.	13569290588		
Date of Birth	12-02-1986		
Age	37		
I. Particulars of Educational Qualification : (only completed)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2007	SARDAR RAJA COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	70	FIRST CLASS	
P.G.	M.E.	OTHERS - PERVASIV E COMPUTI NG TECHNOL OGIES	2010	ANNA UNIVESIT Y REGIONA L CAMPUS, TIRUCHIR APPALLI	ANNA UNIVERSI TY	6.43	SECOND CLASS	

#### I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

#### III. Faculty in which Ph.D. was awarded

#### **IV. Academic Experience :** ( Start from the Current working Experience ) \*

Designation

Work

Organisation

Nome of the College	Designation	Designation Joining Date		Experience		
Name of the College	e Designation			Years	Months	Days
A R COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	20-03-2010	30-11-2012	2	8	12
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	01-12-2012	29-06-2015	2	6	29
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-11-2017	30-03-2023	5	4	29
			Total	10	8	14
V. Industrial Experien	V. Industrial Experience :					
Name of the Design	Nature o	f Joining Date	Relieving Date	Experience		

Joining Date

Years | Months | Days

**Relieving Date** 

	ppointment Expe which service is (	rience : extended for the conduc	t of Exmination during	the last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
It is certified	that all the inform	ation provided are true to	the best of my knowledge	ŀ.
Signature of	the Faculty :	Ar		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MR. VALLINAYAGAM V
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	8/55, NORTH STREET, MUDIVAITHANENDAL
Line 2	THOOTHUKUDI, PIN - 628102
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9488537970
Email	V.VALLINAYAGAM@YMAIL.COM
Gender	MALE
Community	BC
PAN Number	ADOPV1432A
Passport Number	
Aadhar Number	761121441760
Faculty code given by C.O.E.	9524193
Faculty code given by A.I.C.T.E.	143373434157
Date of Birth	10-06-1978
Age	45
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	th	ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	CIVIL ENGINEE RING	2008	OTHERS - VINAYAKA MISSIONS UNIVERSI TY	OTHE VINA MISS UNIV TY	YAKA IONS	79	FIRST CLASS		SSIDE Conception
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2010	MEPCO SCHLENK ENGINEE RING COLLEGE (AUTONO MOUS)	ANNA		UNIVERSI 69 FIRSI		The second	
III. Faculty IV. Acaden	Ph.D. Thesis y in which Pl nic Experien m the Curre	h.D. was awa		• ) *						
							eving Date rrent Date	E	xperience	9
Name o	f the College	e Desig	gnation	Joining Date		for Presently Working Institutions		Years	Months	Days
PSN INST TECHNOL SCIENCE		ASSISTA PROFES		11-11-202	2	20-05	5-2023	0	6	10
PSN INST TECHNOL SCIENCE		ASSISTA PROFES		10-07-201	0	22-04	<b>1</b> -2017	6	9	13
		1		1		•	Total	7	3	25
V. Industri	ial Experienc	c <b>e :</b>								
Name of		ation	ature of	Joining	Date	Reli	eving Date	E	xperience	9
Organisat	tion   Design		Work	Jonnig	Date	Nell	uny Date	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)						
It is certified	that all the inform	ation provided are true to	the best of my knowledge.							
Signature of	f the Faculty :	Valley								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MS. JOTHI MARAGATHAVALLI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/67 MUGILANVILAI
Line 2	MANIKETTIPOTTAL-629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9976685093
Email	JOTHISMD@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	ALPPJ4939D
Passport Number	
Aadhar Number	790743317025
Faculty code given by C.O.E.	9524207
Faculty code given by A.I.C.T.E.	13357563238
Date of Birth	20-07-1987
Age	36
I. Particulars of Educational Qualification : (on	y completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th Univ	ne of ne rersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2008	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIV TY		70	FIRST CLASS		and the second s
P.G.	M.E.	APPLIED ELECTRO NICS	2014	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIV TY		76	FIRST CLASS		<b>Bini archive</b>
	Ph.D. Thesi y in which P		ardod							
IV. Acaden	nic Experien nic the Curre	ice :		e)*						
Name o	f the Colleg	e Desi	gnation	Joining I	Date	Relieving Date / Current Date for Presently		E	xperience	e
	i the coney		gilution	Joining	<b>Ju</b> te	N	orking titutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSIST PROFE		23-12-2016	5	20-05	5-2023	6	4	29
PSN COLL ENGINEEI TECHNOL (AUTONOI	RING AND OGY	ASSIST PROFE		02-07-2014	Ŀ	22-12	2-2016	2	5	21
						-	Total	8	10	24
V. Industri	al Experien	ce:								

Name of th Organisatio	Decignation	Nature of Work	Joining Date		Relieving Date	Experience Years Months		<b></b>	
	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. ofSquad MemberExternal Examiner (Practical)Central Ev (No. of s				l Evaluation of scripts aluated)	(No.	Evaluation of script aluated)			
It is certified	that all the inform	ation provided ar	e true to	the best o	of my knowledge.				
Signature of	It is certified that all the information provided are true to the best of my knowledge.								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING
Name of the faculty member	MR. THANGASELVIN N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4A, UDIYAVAR ST, PETTAI
Line 2	TIRUNELVELI-627004
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9500312228
Email	THANGASELVIN01@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	AZEPT9535E
Passport Number	
Aadhar Number	718160509894
Faculty code given by C.O.E.	9524045
Faculty code given by A.I.C.T.E.	12491692339
Date of Birth	29-03-1988
Age	35
I. Particulars of Educational Qualification : (only co	mpleted)

Category	Name of the Degree	-	cializa ion	Year of Passing	Name o the College	the	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtaine		tificat e
U.G.	B.E.	CAL	HANI INEER	2010	UDAYA SCHOOL OF ENGINEI ING	UNIVE	RSI	73	FIRST CLASS		In the case of the
P.G.	M.E.	CAD/	/CAM	2014	SHANMU ANATHA ENGINEI ING COLLEGI	N ANNA ER UNIVE TY	RSI	7.9 CGPA	FIRST CLASS		In a case of a c
· Upload Sc	anned copy o	of Orig	inal Dec	gree Certifi	cate.						
a <b>. Additio</b> Score : File :	onal Qualific	cation	:- NO A	ADDITIONA	AL QUALII	FICATION					
I. Title of	Ph.D. Thesi	S									
	Ph.D. Thesi / in which P		vas awa	rded							
III. Faculty		h.D. w			) *						
III. Faculty V. Acaden Start from	y in which P nic Experien n the Curre	h.D. w nce : nt wor	rking E	xperience		ing Date	/ <b>C</b> t	ieving Date prent Date Presently			e
III. Faculty V. Acaden Start from	/ in which P nic Experien	h.D. w nce : nt wor	rking E			ing Date	/ Cu for			Experienc	
III. Faculty V. Acaden Start from	y in which P nic Experien n the Curre of the Colleg	h.D. w ice : nt wor	rking E	xperience ignation ANT			/ Cu for In	rrent Date Presently Vorking		-	
III. Faculty V. Academ Start from Name of PSN INST TECHNOL	y in which P nic Experien n the Curre of the Colleg	h.D. w ice : nt wor	rking E Des ASSIST	xperience ignation ANT	Join		/ Cu for In	rrent Date Presently Vorking stitutions	y Years	Months	Days
III. Faculty V. Academ Start from Name of PSN INSTI TECHNOL SCIENCE	y in which P nic Experien n the Curre of the Colleg	h.D. w nce : nt wor	rking E Des ASSIST	xperience ignation ANT	Join		/ Cu for In	Presently Vorking stitutions 5-2023	y Years	Months	<b>Days</b> 25
III. Faculty V. Academ Start from Name of PSN INST TECHNOL SCIENCE V. Industri	y in which P nic Experien n the Curre of the Colleg TUTE OF OGY AND al Experien	h.D. w	<b>Des</b> ASSIST	xperience ignation ANT SSOR	<b>Join</b> 27-01-	2014	/ Cu for 1 20-0	Fresently Vorking stitutions 5-2023 Tota	Years           9           1           9	Months	Days           25           26
III. Faculty V. Academ Start from Name of PSN INSTI TECHNOL SCIENCE	y in which P nic Experien n the Curre of the Colleg TUTE OF OGY AND al Experien the Dosign	h.D. w	<b>Des</b> ASSIST	xperience ignation ANT	<b>Join</b> 27-01-		/ Cu for 1 20-0	Presently Vorking stitutions 5-2023	Years           9           1           9	Months 3 3	<b>Days</b> 25 26
III. Faculty V. Academ Start from Name of PSN INST TECHNOL SCIENCE V. Industri Name of Organisat	y in which P nic Experien n the Curre of the Colleg TUTE OF OGY AND al Experien the Dosign	h.D. w ice : nt wor je ce : aation t Expe	rking E Des ASSIST PROFES Natu	xperience ignation ANT SSOR re of Worl	Join 27-01-	2014 ing Date	/ Cu for In 20-0	Presently Norking stitutions 5-2023 Tota	years years y Years y F Years y F Years	Months 3 3 Experience Months	<b>Days</b> 25 26



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PHILIP ALLWYN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	161, ALADIPATTI ROAD, CHINNACRANNI VAGAR
Line 2	SRIVIULLIPUTHUR - 626125
District	VIRUDHUNAGAR
Telephone number	04634 - 279086
Mobile number	+91 - 9500474788
Email	PHILIPALLWYN@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	DLAPP6857A
Passport Number	
Aadhar Number	968786614496
Faculty code given by C.O.E.	9535252
Faculty code given by A.I.C.T.E.	17366256850
Date of Birth	27-06-1985
Age	38
I. Particulars of Educational Qualification : (only co	mpleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2007	KALASALI NGAM INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	69.8	FIRST CLASS	
P.G.	M.TECH.	OTHERS - EMBEDDE D SYSTEM TECHNOL OGIES	2012	KALASALI NGAM INSTITUT E OF TECHNOL OGY	OTHERS - KALASALI NGAM UNIVERSI TY	7.68 CGPA	FIRST CLASS	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

#### III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	è
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	26-08-2019	20-05-2023	3	8	26
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	21-11-2015	20-04-2017	1	4	30
V.P.M.M. COLLEGE OF ARCHITECTURE FOR WOMEN	ASSISTANT PROFESSOR	21-05-2017	20-06-2019	2	0	31
PSN COLLEGE OF ENGINEERING AND TECHNOLOGY (AUTONOMOUS)	ASSISTANT PROFESSOR	20-07-2012	14-06-2013	0	10	26
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	20-06-2013	21-10-2015	2	4	2
			Total	10	5	28

V. Industrial Experience :	
----------------------------	--

Name of the	Nature o		Joining Date Relieving Date		Experience			
Organisation	Designation	Work	Joining Date	Kellevilig Date	Years	Months	Days	
GSM PVT LTD TRIVANDRAM	SOFTWARE ENGG	SOFTWARE	14-08-2007	10-12-2008	1	3	28	
CATOURI PVT LTD PONDICHERRY	SOFTWARE ENGG	SOFTWARE	14-01-2009	11-05-2010	1	3	29	
	Total							

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)
-------------------------	----------------------------------	--	--	--

It is certified that all the information provided are true to the best of my knowledge.

DUE

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. ASHABIN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	15/61A, MONDAIKADU POST,
Line 2	KALKULAM TALUK, PIN - 629252
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9486173235
Email	ASHABIN201194@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BMVPA1714R
Passport Number	
Aadhar Number	425485205405
Faculty code given by C.O.E.	9524192
Faculty code given by A.I.C.T.E.	14756576727
Date of Birth	20-11-1994
Age	29
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	tł Univ	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2016	TAMILNA DU COLLEGE OF ENGINEE RING	ANNA UNIV TY		7.56 CGPA	FIRST CLASS		
P.G.	M.E.	CAD/CAM	2021	UDAYA SCHOOL OF ENGINEE RING	ANNA UNIV TY		7.8 CGPA	FIRST CLASS		NYCERSTRY March 1997 March 1
IV. Acaden	y in which Ph nic Experienc n the Curren	ce :		e)*			eving Date	E	xperience	
Name o	f the College	e Des	ignation	Joining	Date	for W	rrent Date Presently /orking	Years	Months	Days
GANADAS	MODERATOR ON INIC COLLEG	UTHE		18-01-201	9		<b>titutions</b> 3-2022	3	6	19
PSN INSTI TECHNOL SCIENCE		ASSIS' PROFI		08-08-202	2	20-05	5-2023	0	9	13
							Total	4	4	4
V. Industri	al Experienc	e:								
Name of		ation	lature of	Joining	Date	Relie	eving Date	E	xperience	<b>,</b>
Organisat	10n		Work				9 - 400	Years	Months	Days

	pointment Expe which service is (	rience : extended for the conduc	t of Exmination during	the last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
It is certified	that all the inform	ation provided are true to	the best of my knowledge	
	Q	8. Valatur.		
Signature of	the Faculty :			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. SUBASH T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	14/83, KEEZHAMAVILAI, SOUTH SOORANKUDY POST
Line 2	KANYAKUMARI, 629501
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9786527206
Email	SUBASH206@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	FNMPS7142R
Passport Number	
Aadhar Number	336695247186
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	21-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed	)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2008	VINS CHRISTIA N COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	70	FIRST CLASS	
P.G.	M.E.	CAD/CAM	2011	R V S COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.01 CGPA	FIRST CLASS	

### I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

#### III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Loining Data	Joining DateRelieving DateJoining Datefor Presently		xperience	ce	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days	
THAMIRABHARANI ENGINEERING COLLEGE	ASSISTANT PROFESSOR	15-06-2012	31-08-2022	10	2	16	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	07-09-2022	09-02-2023	0	5	3	
			Total	10	7	22	

#### V. Industrial Experience :

Name of the Designation Work	f Joining Data	Relieving Date	Experience		
Organisation Work Work	Joining Date	Kellevilly Date	Years	Months	Days

	pointment Expe which service is o	rience : extended for the conduc	t of Exmination during	the last year
AUR (No. of days) 6	Squad Member (No. of days) 3	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 500	Re-Evaluation (No. of scripts Evaluated)
It is certified t	that all the inform	ation provided are true to	the best of my knowledge	
Signature of	the Faculty :	24		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MR. THURAI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	MALAR ILLAM, MOOPPUVILAI,
Line 2	PADANTHALUMOODU POST
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9546526142
Email	THURAI57@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ABTPT6990N
Passport Number	
Aadhar Number	845279547439
Faculty code given by C.O.E.	9524221
Faculty code given by A.I.C.T.E.	17666583187
Date of Birth	20-05-1957
Age	66
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	1978	OTHERS - MK UNIVERSI TY	MADURAI KAMARAJ UNIVERSI TY	72	FIRST CLASS	ADDATE OF ADDATE
P.G.	OTHERS - M.PHIL.	OTHERS - INDUSTRI AL CHEMIST RY	1998	OTHERS - ALAGAPP A UNIVERSI TY	ALAGAPP A UNIVERSI TY	72	FIRST CLASS	Port sectors     August Law 2014     Augu
P.G.	M.SC.	OTHERS - CHEMIST RY	1989	OTHERS - BHUPAL NOBLE COLLEGE	OTHERS - UNIVERSI TY OF RAJASTHA N	65	SECOND CLASS	And a second sec

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience : ( Start from the Current working Experience ) \*

Nome of the Call			Relieving Date / Current Date	Experience			
Name of the Coll	eye	Designation	Joining Date	for Presently Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		SISTANT OFESSOR	05-12-2018	20-05-2023	4	5	16
				Total	4	5	18
V. Industrial Experi	ence :						
Name of the Dec	ignation	Nature of	Joining Data	Polioving Data	E	xperience	<b>,</b>
Organisation Des	ignation	Work	Joining Date	Relieving Date	Years	Months	Days

AUR (No. of days)	Squad Member (No. of days)	Member (Practical) (No. of scripts			
is certified	that all the inform	ation provided are true to	the best of my knowledge	).	
		Thuran			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	INDUSTRIAL ENGINEERING		
Name of the Degree & Course	B.EINDUSTRIAL ENGINEERING AND MANAGEMENT		
Name of the faculty member	MR. SEENI PANDIAN S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	10/82, PERUMPANAIYOOR ST,		
Line 2	KURUMBALAPERI PIN - 627806		
District	TENKASI		
Telephone number	-		
Mobile number	+91 - 8056828156		
Email	SEENIPANDIANSPS@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	DJPPS9038P		
Passport Number			
Aadhar Number	932012301082		
Faculty code given by C.O.E.	9524182		
Faculty code given by A.I.C.T.E.	17514506581		
Date of Birth	13-05-1988		
Age	35		
I. Particulars of Educational Qualification : (only com	pleted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2011	EINSTEIN COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	72	FIRST CLASS	A state of the sta
P.G.	M.E.	ENGINEE RING DESIGN	2013	EINSTEIN COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	6.9 CGPA	FIRST CLASS	
* Upload Scanned copy of Original Degree Certificate.								
I.a. Addition	I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :							

File :

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	•
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-11-2021	20-05-2023	1	6	20
	Total					

### V. Industrial Experience :

Name of the	Decignation	Nature of Work	Joining Data	Deligning Date	E	xperience	e
Organisation	Designation	Nature of work	Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days) 2	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)				

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	MECHANICAL ENGINEERING		
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING		
Name of the faculty member	MR. RAMESH R		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	42/1, THOLLAVIALI, KONAM POST		
Line 2	PIN - 629004		
District	KANYAKUMARI		
Telephone number	-		
Mobile number	+91 - 9442479456		
Email	RAMESHNISHA1972@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	AXPPR6513B		
Passport Number			
Aadhar Number	365420052345		
Faculty code given by C.O.E.	9524235		
Faculty code given by A.I.C.T.E.	17515972688		
Date of Birth	18-06-1972		
Age	51		
I. Particulars of Educational Qualification : (only comp	leted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2008	GOVERNM ENT COLLEGE OF ENGINEE RING TIRUNELV ELI	ANNA UNIVERSI TY	72	FIRST CLASS	
P.G.	M.E.	THERMAL ENGINEE RING	2011	MOHAME D SATHAK ENGINEE RING COLLEGE	ANNA UNIVERSI TY	8.114 CGPA	FIRST CLASS	A second

## I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

#### III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Loining Data	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Name of the College Designation Joining Dat		Working Institutions	Years	Months	Days
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	16-06-2008	15-06-2018	9	11	30
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-07-2022 20-05-2023		0	10	7
			10	10	12	
V. Industrial Experience :						
Name of the Designatio	n Nature of Work	Joining Date	Relieving Date	Experience		
Organisation		Joining Date	Keneving Date	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. ofSquad MemberExternal Examiner (Practical)Central Evaluation 				Re-Evaluation (No. of scripts Evaluated)				
It is certified t	hat all the informa	ation provided are true to t	he best of my knowledge.					
Signature of the Faculty :								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	MATHEMATICS				
Name of the Degree & Course	S&H-MATHEMATICS				
Name of the faculty member	MS. JENCY PARIMALA D				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	2/2D/3D4, RAJA NAGAR THIRD ST				
Line 2	MELAPALAYAM				
District	TIRUNELVELI				
Telephone number	04634 - 279086				
Mobile number	+91 - 9487648622				
Email	JENCYPARIMALA89@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	BDMPJ3033L				
Passport Number					
Aadhar Number	419576840430				
Faculty code given by C.O.E.	9524074				
Faculty code given by A.I.C.T.E.	12491692660				
Date of Birth	21-04-1987				
Age	36				
I. Particulars of Educational Qualification : (only	completed)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEMA TICS	2007	OTHERS - NAZARET H MARGOSC HIS COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	75	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - MATHEMA TICS	2012	OTHERS - ADITHANA R COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	68	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEMA TICS	2009	OTHERS - NAZARET H MARGOSC HIS COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	72	FIRST CLASS	
-	10	of Original Dep c <b>ation :-</b> NO A			ATION	·	·	

File :

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Designation Joining		g Data	Relieving Date / Current Date for Presently	Experience			
Name of the Conege	Designation	Jonni	y Date	Working Institutions	Years	ears Months I		
SCAD INSTITUTE OF TECHNOLOGY	ASSISTANT PROFESSOR				2	10	7	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR 09-07		09-07-2014 20-05-2023		8	10	12	
				Total	11	8	24	
V. Industrial Experience :								
Name of the Designation	Noture of Work	Ioinin	a Data	Policying Data	E	xperience	<b>;</b>	
Organisation Designation	on Nature of Work	Joinin	g Date	Relieving Date	Years	Months	Days	

	opointment Expension which service is e		of Exmination during th	ne last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)
It is certified	that all the informa	ation provided are true to t	he best of my knowledge.	
	8	rul.		
	H	m		
Signature of	the Faculty :			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE					
Name of the Department	INDUSTRIAL ENGINEERING					
Name of the Degree & Course	B.EINDUSTRIAL ENGINEERING AND MANAGEMENT					
Name of the faculty member	DR. THIRUPPATHI KUTTALINGAM K G					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
<b>Residential Address</b> Line 1	5 RĄJU STREET, GANDHI BAZZAR,					
Line 2	PULIANGUDI, PIN - 627855					
District	TENKASI					
Telephone number	-					
Mobile number	+91 - 8248099871					
Email	THIRUPPATHIKUTTALINGAM@GMAIL.COM					
Gender	MALE					
Community	BC					
PAN Number	AXVPT8446M					
Passport Number						
Aadhar Number	498537273360					
Faculty code given by C.O.E.	9524203					
Faculty code given by A.I.C.T.E.	17522919856					
Date of Birth	02-05-1973					
Age	50					
I. Particulars of Educational Qualification : (only com	pleted)					

Category	Name of the Degree	Specializ on	ati	Year of Passing	Name of the Colleg		Name of the University	obtained	Class obtaine	d Certi	ficate		
U.G.	B.E.	MECHAN AL ENGINEE NG		1995	COLLEGE OF ENGINEERI NG AND TECHNOLO GY (AUTONOM OUS) SARDAR		OF ENGINEERI NG AND TECHNOLO GY (AUTONOM OUS) SARDAR		MADURAI KAMARAJ UNIVERSIT	59.35 Y	SECOND CLASS		
P.G.	M.E.	MANUFAG URING ENGINEE NG		2013			ANNA UNIVERSIT	7.84 CGPA	FIRST CLASS	A second se			
PH.D.	PH.D.	MANUFA( URING ENGINEE NG		2019	SRI SIVASUBRA MANIYA NADAR COLLEGE OF ENGINEERI NG (AUTONOM OUS)		ANNA UNIVERSIT	Y Y					
	canned copy of (		-			CATIO	N						
II. Title of	Ph.D. Thesis					AND		ON PATH MC S CUTTING IN CHINING			GY		
III. Faculty	y in which Ph.	D. was awa	arde	d		FACULTY OF MECHANICAL ENGINEERING							
	nic Experience m the Current		Expe	rience) *									
Nan	ne of the Colle	ege		Designat	ion	Join	ing Date	Relieving Da / Current Da for Present	te	Experience	9		
								Working Institution	s Years	Months	Days		
PSN INST TECHNOL	TUTE OF OGY AND SCIE	INCE		ISTANT FESSOR		04-01	-2023	20-05-2023	0	4	17		
	'I BHARATHIYA OF ENGINEER OGY	INC AND		ISTANT FESSOR		02-07	2-2014	02-07-2018	4	0	1		
								То	tal 4	4	20		
V. Industri	al Experience	:											

Name of the	Designation Nature of Work		Joining Date	Relieving Dat		Experience		
Organisation	Designation	Nature of Work	Joining Date	Keneving Da	Years	Months	Days	
	ointment Expe nich service is e	rience : extended for the conduct of	Exmination dur	ing the last yea	ar			
AUR (No. of days)	Squad Membe (No. of days)		Central E (No. of Evalu	scripts	Re-E No. of scr	valuation ipts Evalu		
is certified th	at all the inform	ation provided are true to the	best of my knowle	edge.				

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	MECHATRONICS ENGINEERING				
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING				
Name of the faculty member	MR. SELVA KARTHIK N				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	27 RAMALINGA NAGAR, NEAR TIRUMAL NAGAR				
Line 2	PERUMALPURAM POST, PIN - 627007				
District	TIRUNELVELI				
Telephone number	-				
Mobile number	+91 - 7598571762				
Email	SELVAKARTHIK.1993@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	FOOPS8323R				
Passport Number					
Aadhar Number	618046470884				
Faculty code given by C.O.E.	9524231				
Faculty code given by A.I.C.T.E.	17670894551				
Date of Birth	04-10-1993				
Age	30				
I. Particulars of Educational Qualification : (only comp	oleted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name the Univer	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtaine		ificat e
U.G.	B.E.	MECHANI CAL ENGINEER ING	2015	EPPIAAR ENGINEER NG COLLEGE	ANNA UNIVE TY	RSI	77.1	FIRST CLASS		An
P.G.	M.E.	CAD/CAM	2017 J	MEPCO SCHLENK ENGINEER NG COLLEGE AUTONO MOUS)	ANNA UNIVE TY	RSI	84.7	FIRST CLASS		
Upload Sc	anned copy c	f Original De	gree Certific	ate.						
a <b>. Additic</b> Score : File :	onal Qualific	ation :- NO A	ADDITIONAI	. QUALIFIC	CATION					
I. Title of	Ph.D. Thesi	5								
II. Faculty	y in which P	h.D. was awa	rded							
	nic Experien m the Curre	ce : nt working F	xperience )	*						
							ieving Date <mark>irrent Date</mark>		xperience	e
Name o	of the Colleg	e Des	ignation	Joinin	Joining Date for Press Worki		r Presently Working stitutions	Years	Months	Days
PSN INST TECHNOL SCIENCE		ASSIST PROFE		27-06-20	)22	20-0	5-2023	0	10	24
						•	Tota	1 0	10	29
/. Industri	al Experien	ce :								
									xperience	e
Name of	the	ation   Mate	re of Work	Joinin	g Date	Reli	ieving Date	Years	Months	Days
Name of Organisat										<i>j</i> -
Organisat	tion   Design	t Experience		onduct of	Eymin-	tion	durina the	lact was-	<u> </u>	



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MR. MICHAEL SHABI NATHAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	7/158 THARAVILAI, PALAVILAI POST
Line 2	NAGERCOIL - 629004
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9042144094
Email	MSN.S009@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLKPM6382C
Passport Number	
Aadhar Number	984941908461
Faculty code given by C.O.E.	9524202
Faculty code given by A.I.C.T.E.	19320004626
Date of Birth	26-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Unive y	e ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		tificat e
U.G.	B.E.	INSTRUM ENTATIO N AND CONTROL ENGINEE RING	2009	UDAYA SCHOOL OF ENGINEE RING	ANNA UNIVI TY		59	SECON CLASS		An and a second se
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2014	UNIVERSI TY COLLEGE OF ENGINEE RING NAGERCO IL	GE ANNA EE UNIVE TY		75	FIRST CLASS		
* Upload Sc	anned copy o	of Original De	egree Certi	ficate.						
<b>I.a. Additic</b> Score : File :	onal Qualific	cation :- NO	ADDITION	IAL QUALIFI	CATIO	N				
II. Title of	Ph.D. Thesi	S								
III. Faculty	y in which P	h.D. was awa	arded							
	nic Experien n the Curre		Experienc	e)*						
						/ <b>Cu</b>	eving Date rrent Date	E	xperience	e
Name of	f the College	e Desig	<b>JNATION</b>	Joining I	Date	W	Presently /orking titutions	Years	Months	Days
PSN INSTI	TUTE OF OGY AND	ASSISTA PROFES		06-06-2022		20-05-2023		0	11	15
SCIENCE		SCIENCE								

### V. Industrial Experience :

Name of the	Decignation	Nature of	Joining Date	Relieving Date	xperience	;
Organisation	Designation	Work	Joining Date	Kellevilig Date	Months	Days

### VI. C.O.E. Appointment Experience :

	Capacity at w	which service is	extended for the conduc	t of Exmination during	the last year
L					

AUR (No. of days)Squad MemberExternal Examiner (Practical) (No. of days)(No. of days)(No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
---	---	--

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	PHYSICS				
Name of the Degree & Course	S&H-PHYSICS				
Name of the faculty member	DR. ASHOK KUMAR T				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	VATTAVILAI, KUTHAKUZHI				
Line 2	VEEYANNOOR POST, PINCODE - 629177				
District	KANYAKUMARI				
Telephone number	-				
Mobile number	+91 - 9787595914				
Email	ASHOKAN5959@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BGGPA8547R				
Passport Number					
Aadhar Number	456474931833				
Faculty code given by C.O.E.	9524216				
Faculty code given by A.I.C.T.E.	17666583193				
Date of Birth	29-05-1981				
Age	42				
I. Particulars of Educational Qualification : (only co	mpleted)				

OTHERS - PHYSICS OTHERS - PHYSICS	2002	OTHERS - MS UNIVERSI TY OTHERS - MS	MANOMA NIAM SUNDARN AR UNIVERSI TY MANOMA NIAM	67	FIRST CLASS	
	2007					
	2007	UNIVERSI TY	SUNDARN AR UNIVERSI TY	64	SECOND CLASS	
RS - OTHERS - L. PHYSICS	2012	OTHERS - BHARATH IDASAN UNIVERSI TY	BHARATH IDASAN UNIVERSI TY	71	FIRST CLASS	
OTHERS - PHYSISC	2019	OTHERS - MS UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	Y		
	PHYSISC	PHYSISC 2019	OTHERS - 2019 OTHERS - MS UNIVERSI	OTHERS - PHYSISC 2019 OTHERS - MS UNIVERSI TY UNIVERSI TY UNIVERSI	OTHERS - PHYSISC 2019 OTHERS - NIAM MS UNIVERSI TY NIVERSI TY NIVERSI	OTHERS - PHYSISC2019OTHERS - MS UNIVERSI TYMANOMA NIAM SUNDARN AR UNIVERSI TYMANOMA NIAM SUNDARN AR UNIVERSI TY

## I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis	A STUDY ON NUCLEAR STRUCTURES OF TRANSITIONAL NUCLEI AROUND A 100
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experienc		9
Name of the Coneye	Designation	Joining Date	Working	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	09-05-2022	20-05-2023	1	0	12
	•	•	Total	1	0	12

Name of the Organisation	le Designation	Nature of	Nature of Joining Date Relieving Date		Deligring Date	E	xperience	e
Organisatio	on Designation	Work		g Date Relieving Date		Years	Months	Days
	ppointment Expe which service is (		conduct	of Exmi	nation during th	e last y	ear	
AUR (No. of days)	of Squad External Examiner Central Evaluation (Practical) (No. of scripts		Re-Evaluation (No. of scripts Evaluated)					
t is certified	that all the inform	ation provided ar	e true to ti	he best o	f my knowledge.			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. GEORGINNA R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/216 C RAJIV GANDHI NAGAR, PARVATHIPURAM, NAGERCOIL
Line 2	629003
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9994251484
Email	RGEORGINNA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DMCPG9480B
Passport Number	
Aadhar Number	995997892802
Faculty code given by C.O.E.	9524178
Faculty code given by A.I.C.T.E.	111095273651
Date of Birth	31-07-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2007	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	77	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2009	OTHERS - SARAH TUCKER COLLEGE PALAYAM KOTTAI	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	77	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEM ATICS	2010	OTHERS - KARUNYA INSTITUT E OF TECHNOL OGY AND SCIENCES	OTHERS - KARUNYA UNIVERSI TY	8.2 CGPA	DISTINCT ION	
* Upload Sc	canned copy of	of Original De	egree Certi	ificate.				
<b>I.a. Additic</b> Score : File :	onal Qualifi	c <b>ation :-</b> NO	ADDITION	IAL QUALIFI	CATION			
II. Title of	Ph.D. Thesi	S						
III. Faculty	y in which P	h.D. was aw	arded					

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	Experience	
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	09-07-2018	01-04-2023	4	8	24
	Total	4	8	28		
V. Industrial Experience	:					

Name of th	le Designation	Nature of	Toining	Data	Dolioring Doto	E	xperience	<b>,</b>
Organisatio	on Designation	Work	ork Joining		g Date Relieving Date		Years Months	
	ppointment Expe which service is (		conduct o	of Exmi	ination during th	e last y	ear	
AUR (No. of days)	Squad Member (No. of days)	External Exa (Practica (No. of day	1)	iner Central Evaluation (No. of scripts		Re-Evaluation (No. of scripts Evaluated)		-
It is certified	that all the inform	ation provided ar	e true to th	ne best o	f my knowledge.			
		0						
	I	). Goorge .						
	K	Our						
	1	V						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. RAJARAJAN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1, PARK TOWN, ALEMPATTY
Line 2	THIRUMANGALAM, PIN - 625702
District	MADURAI
Telephone number	-
Mobile number	+91 - 9942945540
Email	RAJAJR26@GMAIL.COM
Gender	MALE
Community	MBC
PAN Number	AIKPR8831J
Passport Number	
Aadhar Number	209798972498
Faculty code given by C.O.E.	9524006
Faculty code given by A.I.C.T.E.	1469808844
Date of Birth	26-03-1984
Age	39
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th	ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e
U.G.	B.TECH.	INFORMA TION TECHNOL OGY	2005	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANN4 UNIV TY		79	DISTIN ION	CT	
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2018	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANN/ UNIV TY		7.986 CGPA	FIRST CLASS		
* Upload Sc	anned copy o	of Original De	egree Certi	ficate.						
<b>I.a. Additio</b> Score : File :	onal Qualific	c <b>ation :-</b> NO	ADDITION	IAL QUALIFI	CATIO	N				
II. Title of	Ph.D. Thesi	S								
III. Faculty	y in which P	h.D. was aw	arded							
	nic Experien m the Curre		Experienc	e)*						
						/ <b>Cu</b>	eving Date rrent Date	E	xperience	
Name o	of the Colleg	je Desi	gnation	Joining I	Date	N	Presently /orking titutions	Years	Months	Days
PSN INST TECHNOL SCIENCE		ASSIST PROFE		08-10-2009	)	06-07	7-2016	6	8	30
PSN INST TECHNOL SCIENCE		ASSIST PROFE		06-07-2018		20-05	5-2023	4	10	15
PSN COLL ENGINEE TECHNOL (AUTONOI	RING AND OGY	OTHER LECTU		06-06-2005	5	07-10	)-2009	4	4	2
							Total	15	11	23

V. Industrial	Experience :										
Name of the	Designation	Nature of	Ioinin	a Data	Dolioving Data	Experience					
Organisation	Designation	Work	Joining Date		Relieving Date	Years	Years Months D				
	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)Squad (Practical)External Examiner 											
It is certified th	nat all the inform	ation provided ar	e true to	the best o	f my knowledge.						
Signature of t	the Faculty :	D									

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.ECIVIL ENGINEERING				
Name of the faculty member	MR. BIBIN JC				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	60 AROMA NAGAR				
Line 2	JOTHIPURAM - 627007				
District	TIRUNELVELI				
Telephone number	04634 - 279086				
Mobile number	+91 - 9578836411				
Email	J.C.BIBIN@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	DQMPB8517C				
Passport Number					
Aadhar Number	590468468678				
Faculty code given by C.O.E.	9620106				
Faculty code given by A.I.C.T.E.	14529262304				
Date of Birth	19-10-1991				
Age	32				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	tł Univ	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e	
U.G.	B.E.	CIVIL ENGINEE RING	2013	SATYAM COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIV TY		69	FIRST CLASS	Sector Se		
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	PSN ENGINEE RING COLLEGE	ANNA UNIV TY	/FRSI 72		FIRST CLASS			
III. Faculty IV. Acaden	Ph.D. Thesi / in which P nic Experien n the Curre	h.D. was a .ce :									
							eving Date rrent Date	E	xperience	ience	
Name o	f the College	e Des	ignation	Joining 1	Date	for W	Presently Jorking titutions	Years	Months	Days	
PSN INSTI TECHNOL SCIENCE		ASSIS PROFI	TANT ESSOR	28-11-2018	3	20-05	5-2023	4	5	23	
SATYAM C ENGINEEI TECHNOL		OTHE LECTU		04-09-2013	}	30-08	3-2014	0	11	26	
							Total	5	5	22	
V. Industri	al Experien	ce :									
Name of		ation	Nature of	Joining 1	Date	Rolid	eving Date	E	xperience	9	
Organisat	ion		Work		Jait	L Nem	ving Date	Years	Months	Days	

-	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)Squad External Examiner 											
It is certified	that all the inform	ation provided are true to	the best of my knowledge.								
	It is certified that all the information provided are true to the best of my knowledge.										
Signature of	f the Faculty :										

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.ECIVIL ENGINEERING				
Name of the faculty member	MR. MUPPUDATHIMUTHU C				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	4/99 MID ST CHOKKANATHAPATTI				
Line 2	ALANGULAM-627423				
District	TIRUNELVELI				
Telephone number	04634 -				
Mobile number	+91 - 9791901468				
Email	MUTHUMECIVIL@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BVJPM1962J				
Passport Number					
Aadhar Number	324474756089				
Faculty code given by C.O.E.	9524111				
Faculty code given by A.I.C.T.E.	13357673859				
Date of Birth	21-02-1990				
Age	33				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	tł Univ	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e	
U.G.	B.E.	CIVIL ENGINEE RING	2013	SCAD ENGINEE RING COLLEGE	ANNA UNIV TY		79	FIRST CLASS			
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	SARDAR RAJA COLLEGE OF ENGINEE RING	ANNA UNIV TY		74.5	FIRST CLASS			
* Upload Sc	anned copy of	f Original De	egree Certi	ficate.							
<b>I.a. Additic</b> Score : File :	onal Qualific	ation :- NO	ADDITION	AL QUALIF	FICATIO	N					
II. Title of	Ph.D. Thesis	;									
III. Faculty	y in which Pl	n.D. was aw	arded								
	nic Experience m the Currer		Experienc	e)*							
						/ <b>Cu</b>	eving Date rrent Date	HVDOTIO		ience	
Name of	f the College	Desi	ynation	Joining	Date	for Presently Working Institutions		Years	Months	Days	
PSN INST TECHNOL SCIENCE		ASSISTA PROFES		27-06-201	16	20-05	-2023	6	10	24	
SCIENCE							Total	6	10	29	
V. Industri	al Experienc	e :									
			ature of					E	xperience		
V. Industri Name of Organisat	the Design	Na	ature of Work	Joining	Date	Relie	eving Date	E Years	xperience Months	e Days	
Name of Organisat VI. C.O.E. 2	the ion Designa Appointment	ation Na	Work					Years	Months		
Name of Organisat VI. C.O.E. 2	the ion Designa	Ation Na Experience ce is exten l Ex er	Work	e conduct miner al)	of Exm Centra (No.	 inatio	n during th uation ipts	Years le last y Re-E (No.	Months	Days	



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING
Name of the faculty member	MRS. SIVAKAMI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	77/9 SOUTH RICE MILL ST,
Line 2	RADHAPURAM - 627111
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9585588950
Email	SIVAKAMIVENKAT@GMAIL.COM
Gender	FEMALE
Community	OTHERS - DNC
PAN Number	FRLPS3850R
Passport Number	
Aadhar Number	784037612256
Faculty code given by C.O.E.	9524151
Faculty code given by A.I.C.T.E.	13569208188
Date of Birth	02-06-1988
Age	35
I. Particulars of Educational Qualification : (o	nly completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	the	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	obtain		ificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2009	PSN COLLEGE OF ENGINEE RING ANI TECHNOI OGY (AUTONO MOUS)	ANNA DUNIVE TY		68	FIRST CLASS		
P.G.	M.E.	APPLIED ELECTRO NICS	2015	V V COLLEGE OF ENGINEE RING	UNIVE		7.48 CGPA	FIRST CLASS	Annual State	
* Upload Sc	anned copy o	f Original De	gree Certif	ïcate.						
I.a. Additic Score : File :	onal Qualific	ation :- NO A	ADDITION	AL QUALIF	ICATION					
II. Title of	Ph.D. Thesis	6								
III. Faculty	y in which Pl	n.D. was awa	rded							
	nic Experien <mark>m the Curre</mark> i		Experience	;)*						
							ieving Dat Irrent Dat		xperience	e
Name o	of the Colleg	e Des	ignation	Joiniı	ng Date	I	Presently Norking stitutions	Years	Months	Days
PSN INST TECHNOL SCIENCE		ASSIST PROFE		02-08-2	2017	20-0	5-2023	5	9	19
						1	Tota	<b>al</b> 5	9	23
V. Industri	al Experienc	ce :								
Name of	the p.							E	xperience	e
Organisat	I DOCIMIN	ation Natu	re of Wor	K Joinii	ng Date	Keli	eving Dat	e Years	Months	Days
	Appointment t which servi			e conduct.	of Exmina	ation	durina th	e last vea	r	
AUR (No. of days)	Squa Memb (No. of c	d Ex er	ternal Exa (Practic (No. of da	aminer al)	Central (No.	Eval	uation ripts	Re-E (No.	Evaluation of scripts aluated)	

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ENGLISH
Name of the Degree & Course	S&H-ENGLISH
Name of the faculty member	MR. SINGSLY JINO S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	3-3-38, VILATHIKALA VILAI, RC STREET,
Line 2	PAICADU, KALKULAM, CHERUPALLUR POST, PINCODE - 629161
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9751665957
Email	SINGSLYJINO@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	GFWPS5434B
Passport Number	
Aadhar Number	951704102060
Faculty code given by C.O.E.	9524224
Faculty code given by A.I.C.T.E.	17666583159
Date of Birth	07-10-1985
Age	38
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2007	OTHERS - SCOTT CHRISTIA N COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	48	OTHERS - THIRD CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2010	OTHERS - MUSLIM ARTS COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	60.59	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2012	OTHERS - MUSLIM ARTS COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	64	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

#### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the College	Designation	Joining Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	05-12-2018	30-03-2023	4	3	26
			Total	4	3	27
						l

#### V. Industrial Experience :

Name of the Organisation	Destantion	Nature of	Isining Data	Delieuin a Dete	Experience		
Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year									
AUR (No. of days)	SquadExternal ExaminerCentral EvaluationRe-EvalfMember(Practical)(No. of scripts(No. of scripts)								
It is certified	It is certified that all the information provided are true to the best of my knowledge.								
Signature of	the Faculty :	Ins							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	MATHEMATICS		
Name of the Degree & Course	S&H-MATHEMATICS		
Name of the faculty member	MRS. RAMALAKSHMI S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
Residential Address Line 1	9/78 AGNIMADAN KOVIL STREET		
Line 2	KURUVANKOTTAI-627852		
District	TIRUNELVELI		
Telephone number	04634 - 279086		
Mobile number	+91 - 9500247220		
Email	RAMALAKSHMIMSC88@GMAIL.COM		
Gender	FEMALE		
Community	BC		
PAN Number	DWLPR5451Q		
Passport Number			
Aadhar Number	888876311039		
Faculty code given by C.O.E.	9524226		
Faculty code given by A.I.C.T.E.	14526335472		
Date of Birth	25-05-1989		
Age	34		
I. Particulars of Educational Qualification : (only comp	leted)		

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - MATHS	2009	OTHERS - CSIJAP ARTS CLG NALLUR	MANOMA NIAM SUNDARN AR UNIVERSI TY	71	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2012	OTHERS - STC ARTS CLG TIRUNELV ELI	MANOMA NIAM SUNDARN AR UNIVERSI TY	78	DISTINCTI ON	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2014	OTHERS - MS UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	74	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File:

#### II. Title of Ph.D. Thesis

#### III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	e Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	25-06-2018	20-05-2023	4	10	26
EINSTEIN COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	23-07-2014	30-04-2015	0	9	9
	5	8	9			
V. Industrial Experience :						
Name of the Designation	Nature of Work	Loining Data	Delieving Date	Experience		<b>,</b>
Organisation Designation		Joining Date	Relieving Date	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days)	AUR (No. ofSquad Member (No. of days)External Examiner (Practical)Central Evaluation (No. of scriptsRe-Evaluation (No. of scripts							
It is certified that all the information provided are true to the best of my knowledge.								
Signature of the Faculty :								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. MEENACHI SUNDARESAN S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	25 MURUGAPERUMAL ST, SOUTH BAZAAR
Line 2	TIRUNELVELI-627002
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9994124350
Email	MEENCLI@YAHOO.COM
Gender	MALE
Community	OC
PAN Number	BNLPM0396J
Passport Number	
Aadhar Number	701263109143
Faculty code given by C.O.E.	9524233
Faculty code given by A.I.C.T.E.	1425300731
Date of Birth	25-06-1984
Age	39
I. Particulars of Educational Qualification : (only complete	ed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name o the College	tl Univ	ne of he ⁄ersit y	% of Marks Grades obtaine / Ph.D. Awarde (Y/N)	s d	Class obtain		tificat e
U.G.	B.TECH.	INFORMA TION TECHNOL OGY	2006	NATIONA L ENGINE RING COLLEG (AUTONO MOUS)	E ANN UNIV E TY	A ⁄ERSI	65		FIRST CLASS		
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	MPUTE NATIONA L ENCE 2009 RING UNIVE GINEE (AUTONO			74		FIRST CLASS			
* Upload Sc	anned copy o	f Original De	egree Certi	ficate.							
<b>I.a. Additic</b> Score : File :	onal Qualific	ation :- NO	ADDITION	AL QUAL	IFICATIO	N					
II. Title of	Ph.D. Thesi	5									
III. Faculty	v in which P	h.D. was aw	arded								
	nic Experien n the Curre		Experienc	e)*							
		Desi		T. ii.	- Data	Relieving Date / Current Date for Presently		te	E	xperien	ce
Name of	the College		<b>JNATION</b>	Joinin	g Date	N	orking titutions		Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		01-02-20	010	20-05	5-2023		13	3	20
		•		•		•	Tot	al	13	3	21
V. Industri	al Experien	ce :									
Name of		ation	ature of	Ioinin	a Data	Poli	eving Dat	to	E	xperien	e
Organisat	ion		Work	Joinin	g Date	ven		ie -	Years	Months	Days
	Appointmen t which serv			e conduc	t of Exm	inatio	n durina	the	e last v	ear	
AUR (No. of days)	Squa Memb (No. of d	d Ex er	ternal Exa (Practica (No. of da	iminer al)	Centra (No.		uation ripts		Re-E (No.	Evaluatic of scrip aluated)	

It is certified that all the information provided are true to the best of my knowledge.



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PADMANATHAN T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	NO 3/182 SOUTH STREET, PERUMALKULAM
Line 2	ASIRVATHAPURAM POST, PINCODE - 628613
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9841614381
Email	PADMANATHAN2008@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CAGPP0465A
Passport Number	
Aadhar Number	979574883914
Faculty code given by C.O.E.	9524164
Faculty code given by A.I.C.T.E.	14542900834
Date of Birth	11-05-1986
Age	37
I. Particulars of Educational Qualification : (only c	completed)

Category	Name of the Degree		cializa ion	Year of Passing	Name o the College	tł		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtaine	ed Certi	ficate
U.G.	B.E.	NICS COM CAT	CTRO S AND IMUNI ION SINEER	2008	JAYARAJ ANNAPAO KIAM CSI COLLEGE OF ENGINEE ING	ANNA UNIV TY		65	FIRST CLASS		
P.G.	M.E.		LIED CTRO S	2015	2015 T J INSTITUTE ANNA OF TECHNOL OGY			7.64 CGPA	FIRST CLASS		A CANANA A C
* Upload Sc	anned copy (	of Orig	inal Deg	ree Certifi	cate.						
<b>I.a. Additio</b> Score : File :	onal Qualifi	cation	:- NO A	DDITIONA	L QUALIF	ICATION					
II. Title of	Ph.D. Thesi	S									
III. Faculty	v in which P	h.D. w	vas awa:	rded							
	nic Experier n the Curre		rking E	<b>xperience</b>	) *						
<b>N</b> T			P				/ <b>C</b>	ieving Date urrent Date		xperience	e
Name o	of the Colle	je	Des	signation	Join	ing Date		r Presently Working Istitutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE			ASSIST PROFE		23-01	-2019	20-0	05-2023	4	3	29
								Tota	<b>I</b> 4	3	0
	15 1	ce :									
V. Industri	al Experien						-				
									E	xperience	9
V. Industri Name of t Organisat		ation	Natu	re of Wor	k Join	ing Date	Rel	ieving Date	y Years	xperience Months	
Name of t Organisat VI. C.O.E. 4		t Expo	erience	:					Years	-	



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	CHEMISTRY				
Name of the Degree & Course	S&H-CHEMISTRY				
Name of the faculty member	DR. DEIVANAYAGAM P				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	1/101 VARAGAPURAM ST,				
Line 2	VARAGAPURAM, PIN - 627425				
District	TIRUNELVELI				
Telephone number	-				
Mobile number	+91 - 9597496893				
Email	DEIVAM1101@GMAIL.COM				
Gender	MALE				
Community	OC				
PAN Number	CFSPD0529L				
Passport Number					
Aadhar Number	495896023227				
Faculty code given by C.O.E.	9524213				
Faculty code given by A.I.C.T.E.	143366828679				
Date of Birth	23-02-1986				
Age	37				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2006	OTHERS - SRI PARAMA KALYANI COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	88.6	DISTINCT ION	
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMIST RY	2014	OTHERS - PERIYAR UNIVERSI TY	PERIYAR UNIVERSI TY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMIST RY	2008	OTHERS - SRI KALISWA RI COLLEGE	MADURAI KAMARAJ UNIVERSI TY	61	FIRST CLASS	
PH.D.	PH.D.	OTHERS - CHEMIST RY	2020	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	Y		
* Upload Sc	anned copy o	of Original De	egree Certi	ficate.				
<b>I.a. Additio</b> Score : File :	onal Qualific	c <b>ation :-</b> NO	ADDITION	IAL QUALIFI	CATION			

II. Title of Ph.D. Thesis	CORROSION RESISTANT BEHAVIOR OF HERBAL PALNTS IN VARIOURS METALS A JEEN CHANGING APPROACH
III. Faculty in which Ph.D. was awarded	FACULTY OF SCIENCE AND HUMANITIES

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	DesignationJoining DateRelieving D/ Current Datefor Present		Е	xperience	<b>)</b>
Name of the conege	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	17-03-2023	20-05-2023	0	2	4
			Total	0	2	5

	Experience :		1						
Name of the	Designation	Nature of		a Doto	Dolioving Data	Experience			
Organisation	Designation	Work	Joining Date		Relieving Date	Years	Months	Days	
	ointment Expe		e conduc	t of Exm	ination during t	ne last v	ear		
AUR (No. of days)	o. of Member (Practical) (N				l Evaluation of scripts aluated)	Evaluation 6. of scripts valuated)			
-	- + - 11 + +			L					
	lat all the inform	ation provided ar	e true to	the best o	or my knowledge.				
		21							
		Phin -							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE					
Name of the Department	MECHATRONICS ENGINEERING					
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING					
Name of the faculty member	MR. RAMACHANDRAN K					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
Residential Address Line 1	21/9, SOURASTRA EAST STREET PUDUKUDI					
Line 2	KARUKURICHI					
District	TIRUNELVELI					
Telephone number	-					
Mobile number	+91 - 9486231892					
Email	RAMACHANDRA435@GMAIL.COM					
Gender	MALE					
Community	BC					
PAN Number	BIWPR6052G					
Passport Number						
Aadhar Number	898174188766					
Faculty code given by C.O.E.	9524158					
Faculty code given by A.I.C.T.E.	17498681187					
Date of Birth	10-06-1992					
Age	31					
I. Particulars of Educational Qualification : (only cor	npleted)					

Category	Name of the Degree	Spe	cializa ion	Year of Passing	Nam th Coll	e	Name the Univers		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	•	Class obtaine	d <sup>Certi</sup>	ficate
U.G.	B.E.	CAL	CHANI INEER	2013	SCAD COLLI OF ENGIN ING A TECHI OGY	NEER ND	ANNA UNIVEF Y	RSIT	8.5 CGPA		ISTINC N		
P.G.	M.E.		ENERGY ENGINEER 2015 CA		ANNA UNIVE REGIC CAMP IRUNE LI	ESITY DNAL US,T	ANNA UNIVEF Y	RSIT	8.2 CGPA		IRST LASS	A second se	
	canned copy onal Qualif					LIFICA	TION						
core : file :	<b>、</b>												
I. Title of	Ph.D. Thes	sis											
II. Facult	y in which	Ph.D. w	as awai	rded									
V. Acadeı	y in which b nic Experie <mark>m the Curr</mark>	nce :			)*								
V. Acadeı Start fro	nic Experie m the Curr	ence : ent wor	king Ex	xperience			a Data	/ <b>C</b>	lieving Da urrent Da	te	E	xperienc	e
V. Acadeı <mark>Start fro</mark>	nic Experie	ence : ent wor	king Ex			Joinin	g Date	/ C fo		te y	E Years	xperienc Months	
V. Acader Start fro Name PSN INST TECHNOI	nic Experie m the Curr of the Colle	ence : ent wor	king Ex	<b>signation</b>	J	<b>Joinin</b> 6-03-20		/ C for Ir	urrent Da r Presentl Working	te y		-	
V. Acader Start fro Name PSN INST TECHNOI	nic Experie m the Curr of the Colle ITUTE OF	ence : ent wor	<b>be</b> ASSIST	<b>signation</b>	J			/ C for Ir	urrent Da r Presentl Working Istitutions	te y s	Years 4	Months	Days
V. Acader Start fro Name PSN INST TECHNOI SCIENCE	nic Experie m the Curr of the Colle ITUTE OF	ege	<b>be</b> ASSIST	<b>signation</b>	J			/ C for Ir	urrent Da r Presentl Working istitutions	te y s	Years 4	Months	<b>Days</b> 15
V. Acaden Start fro Name PSN INST TECHNOI SCIENCE /. Industr Name of	nic Experie m the Curr of the Colle TTUTE OF OGY AND ial Experien the Desig	ege	<b>be</b> ASSIST PROFE	signation SSOR	06	6-03-20	)19	/ C fo Ir 20-0	urrent Da r Presentl Working istitutions 05-2023 Tot	te y s tal	Years 4 4	Months	<b>Days</b> 15 16
V. Acader Start fro Name PSN INST TECHNOI SCIENCE 7. Industr	nic Experie m the Curr of the Colle TTUTE OF OGY AND ial Experien the Desig	ege	<b>be</b> ASSIST PROFE	<b>signation</b>	06	6-03-20		/ C fo Ir 20-0	urrent Da r Presentl Working istitutions	te y s tal	Years 4 4	Months 2 2	<b>Days</b> 15 16
V. Acader Start fro Name PSN INST TECHNOI SCIENCE 7. Industr Name of Organisa 71. C.O.E.	nic Experie m the Curr of the Colle TTUTE OF OGY AND ial Experien the Desig	ege nce : nce : nation nt Expe	De ASSIST PROFE Natu	xperience signation CANT CSSOR	rk ]	5-03-2(	)19 g Date	/ C fo: Ir 20-(	urrent Da r Presentl Working istitutions 05-2023 Tot lieving Da	te y s tal	Years 4 4 4 Vears Vears	Months 2 2 xperience	<b>Days</b> 15 16



Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE					
Name of the Department	MECHANICAL ENGINEERING					
Name of the Degree & Course	B.EMECHANICAL ENGINEERING					
Name of the faculty member	MR. STEPHEN M					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
<b>Residential Address</b> Line 1	KOTTICODE, KUMARAPURAM POST, KANYAKUMARI					
Line 2	NAGERCOIL - 629164					
District	KANYAKUMARI					
Telephone number	-					
Mobile number	+91 - 9488082577					
Email	MSTEPHENME08@GMAILCOM					
Gender	MALE					
Community	BC					
PAN Number	CJYPS5602R					
Passport Number						
Aadhar Number	673746318619					
Faculty code given by C.O.E.	9623112					
Faculty code given by A.I.C.T.E.	14641718115					
Date of Birth	25-05-1966					
Age	57					
I. Particulars of Educational Qualification : (only cor	npleted)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2005	GOVERNM ENT COLLEGE OF ENGINEE RING TIRUNELV ELI	MANOMA NIAM SUNDARN AR UNIVERSI TY	65	FIRST CLASS	
P.G.	M.E.	MANUFAC TURING ENGINEE RING	2008	C S I INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	73	SECOND CLASS	
* Upload Sc	anned copy c	of Original De	gree Certi	ficate.				

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

### IV. Academic Experience :

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	•	
Name of the Coneye	Designation	Johning Date	Working Institutions	Years	Months	Days
OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	21-06-2009	02-05-2018	8	10	12
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	18-07-2018 20-05-2023		4	10	3
	•		Total	13	8	20
V. Industrial Experience :						
Name of the Designation	n Natura of Work	Joining Date	Polioving Data	E	xperience	<b>,</b>
Organisation	n Nature of Work	Joining Date	Relieving Date	Years	Months	Days

s cortified t	that all the inform			
s certilleu		ation provided are true to	the best of my knowledge.	
	2	MAN,		
	1	nemy,		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. MARIMUTHU N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	4/107A MARIAMMAN KOVIL ST
Line 2	CHOKKANATHAPATTI
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9789467025
Email	NMARIMUTHUBE@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BVJPM1988G
Passport Number	
Aadhar Number	912277800459
Faculty code given by C.O.E.	9524094
Faculty code given by A.I.C.T.E.	12916654490
Date of Birth	06-04-1989
Age	34
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Nam th Unive	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2013	SARDAR RAJA COLLEGE OF ENGINEE RING			8.02 CGPA	FIRST CLASS		HITERATION AND AND AND AND AND AND AND AND AND AN
P.G.	M.E.	MANUFAC TURING ENGINEE RING	2015	SARDAR RAJA COLLEGE OF ENGINEE RING			7.8 CGPA	FIRST CLASS		
* Upload Sc	anned copy o	of Original De	gree Certif	icate.						
<b>I.a. Additic</b> Score : File :	onal Qualific	cation :- NO	ADDITION	AL QUALIF	TICATION	I				
II. Title of	Ph.D. Thesi	5								
III. Faculty	y in which P	h.D. was awa	arded							
	nic Experien n the Curre	ce : nt working l	Experience	•)*				1		
					Б.	/ <b>Cu</b>	eving Date rrent Date	E	xperience	•
Name o	f the Colleg	3 Desi	gnation	Joining	g Date		Presently			
							Vorking stitutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		26-06-20	)15	Ins		Years 7	Months 10	<b>Days</b> 25
TECHNOL				26-06-20	)15	Ins	stitutions	7		
TECHNOL SCIENCE		PROFES		26-06-20	)15	Ins	<b>5-2023</b>	7	10	25
TECHNOL SCIENCE V. Industri	OGY AND	PROFES	SSOR			<b>Ins</b> 20-0	5-2023 Total	7 7	10	25
TECHNOL SCIENCE	OGY AND al Experient	PROFES		26-06-20		<b>Ins</b> 20-0	<b>5-2023</b>	7 7	10 10 Experience	25
TECHNOL SCIENCE V. Industri Name of t Organisat VI. C.O.E. 4	OGY AND al Experient the ion Design Appointmen	PROFES	ature of Work	Joinin	g Date	Ins 20-03	5-2023 Total	7 7 7 Vears	10 10 Experience Months	25 0



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. SHEELA S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	2/67-1, MUHILANVILAI,
Line 2	MONIKETTI POTAL POST, PIN - 629501
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9655244086
Email	SVSHEELA13@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	NWGPS5250H
Passport Number	
Aadhar Number	593616955594
Faculty code given by C.O.E.	9524223
Faculty code given by A.I.C.T.E.	11441403663
Date of Birth	13-10-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2007	OTHERS - SCOTT CHRISTIA N COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	76	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2009	OTHERS - SCOTT CHRISTIA N COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	74	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEM ATICS	2010	OTHERS - SCOTT CHRISTIA N COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	79	FIRST CLASS	

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

## II. Title of Ph.D. Thesis

### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience		
Name of the coneye	Designation	Johning Date	Working	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-02-2023	20-05-2023	0	3	20
						21

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date	E	xperience	e e
Organisation	Designation	Work	Joining Date		Years	Months	Days

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
is certified	that all the inform	ation provided are true to	the best of my knowledge.	
		Q I		
	0	Bech		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. PACKIYA LAKSHMI K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	12/133, AMMAN KOIL ST,
Line 2	PAVOORCHATRAM, PIN - 627808
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 8807044142
Email	PACKIYA2695@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	HRIPK9019R
Passport Number	
Aadhar Number	370676904583
Faculty code given by C.O.E.	9524222
Faculty code given by A.I.C.T.E.	14526145494
Date of Birth	02-06-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHEM ATICS	2015	OTHERS - CSI JEYARAJ ANNAPAC KIAM COLLEGE NALLUR	MANOMA NIAM SUNDARN AR UNIVERSI TY	86.7	DISTINCT ION	
P.G.	M.SC.	OTHERS - MATHEM ATICS	2017	OTHERS - BHARATH IDASAN UNIVERSI TY	BHARATH IDASAN UNIVERSI TY	92.4	DISTINCT ION	
P.G.	OTHERS - M.PHIL.	OTHERS - MATHEM ATICS	2018	OTHERS - MS UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	90	FIRST CLASS	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File:

## II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Е	xperience	9
Name of the conege	Designation	Jonning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	CHNOLOGY AND ASSISTANT 04-07-2018		20-05-2023	4	10	17
			Total	4	10	22
					I	I

Name of the	Decignation	Nature of	Loining Data	Delieving Dete	E	xperience	<b>,</b>
Organisation	Designation	Work	Joining Date	Relieving Date	Years	Months	Days

VI. C.O.E. Appointment Experience :Capacity at which service is extended for the conduct of Exmination during the last yearAURSquadExternal ExaminerCentral EvaluationRe-Evaluation(No. ofMember(Practical)(No. of scripts(No. of scriptsdays)(No. of days)(No. of days)Evaluated)Evaluated)									
It is certified that all the information provided are true to the best of my knowledge.									
t is certified	that all the inform	ation provided are true to	the best of my knowledge.						
		0 1. 11/2							
	K.	Pulije Illa							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MS. REJILA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	70/67, POOVANKUDIERUPPU
Line 2	PAZHAVILLAI-629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 8754916424
Email	REJILACHE@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CCCPR6988J
Passport Number	
Aadhar Number	707127277118
Faculty code given by C.O.E.	9524228
Faculty code given by A.I.C.T.E.	12186496698
Date of Birth	27-05-1990
Age	33
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2010	OTHERS - WOMENS CHRISTIA N COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	85	FIRST CLASS	
P.G.	OTHERS - MPHIL	OTHERS - CHEMIST RY	2014	OTHERS - ST HINDU COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	59	FIRST CLASS	
P.G.	M.SC.	OTHERS - CHEMIST RY	2013	OTHERS - SCOTT CHRITIAN COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	70	FIRST CLASS	

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File:

### II. Title of Ph.D. Thesis

# III. Faculty in which Ph.D. was awarded

### **IV. Academic Experience :**

( Start from the Current working Experience )  $\ast$ 

Relieving Date Current Date for Presently	Е	xperience	e
Working Institutions	Years	Months	Days
0-05-2023	9	11	20
Total	9	11	25
	Total	Total 9	<b>Total</b> 9 11

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date	E	xperience	e e
Organisation	Designation	Work	Joining Date		Years	Months	Days

VI. C.O.E. Appointment Experience :Capacity at which service is extended for the conduct of Exmination during the last yearAUR (No. of days)Squad (Practical) (No. of days)External Examiner (No. of scripts Evaluated)Central Evaluation (No. of scripts Evaluated)Re-Evaluation (No. of scripts Evaluated)									
It is certified that all the information provided are true to the best of my knowledge.									
		at							
	1	Halla							
Signature of	the Faculty :	Þ							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		
Name of the Department	MECHANICAL ENGINEERING		
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING		
Name of the faculty member	MR. CHERMADURAI S		
Regular Or Adjunct	Regular		
Image			
Present Designation	ASSISTANT PROFESSOR		
<b>Residential Address</b> Line 1	12/142, EAST STREET, KARUTHALINGAPURAM		
Line 2	VENKADAMPATTI		
District	TIRUNELVELI		
Telephone number	-		
Mobile number	+91 - 9597654338		
Email	CHERMADURAI07@GMAIL.COM		
Gender	MALE		
Community	BC		
PAN Number	BERPC3525C		
Passport Number			
Aadhar Number	694738865574		
Faculty code given by C.O.E.	9501132		
Faculty code given by A.I.C.T.E.	17468106337		
Date of Birth	10-06-1990		
Age	33		
I. Particulars of Educational Qualification : (only comp	leted)		

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	tł Univ	ne of ne rersit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2014	GOVERN MENT COLLEGE OF ENGINEE RING TIRUNELV ELI	ANNA UNIV TY		7.09	FIRST CLASS		Haritar and a second se
P.G.	M.E.	COMPUTE R AIDED DESIGN	2016	A R COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIV TY		7.7	FIRST CLASS		The interaction of the interacti
	<sup>c</sup> Upload Scanned copy of Original Degree Certificate. <b>.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score :									
File :					1					
	Ph.D. Thesi		ardad							
IV. Acaden	nic Experien n the Curre	ce :		e)*						
							eving Date rrent Date	Е	xperience	e
Name of	f the College	e Desi	gnation	Joining I	Date	for W	Presently /orking titutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		14-07-2022	2	20-05	5-2023	0	10	7
J P COLLE ENGINEER		ASSISTA PROFES		07-01-2020	)	25-05	5-2022	2	4	19
A R COLLE ENGINEEI TECHNOL	RING AND	ASSISTA PROFES		04-07-2016	5	06-01	-2020	3	6	3
		I		-			Total	6	8	4
V. Industri	al Experien	ce :								
Name of		ation	ature of	Joining I	Date	Dali	eving Date	E	xperience	e
Organisat	ion	ativii	Work		Jaie	Relle		Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year									
AUR (No. of days)Squad Member 									
It is certified	It is certified that all the information provided are true to the best of my knowledge.								
Signature of	Signature of the Faculty :								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. MAGESH KUMAR S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1152, PERIYAKAIYAGAM VILLAGE, THERERUVELLI POST
Line 2	MUDUKULATHUR-623711
District	RAMANATHAPURAM
Telephone number	-
Mobile number	+91 - 9500964027
Email	SAKTHIKUMARAN086@YAHOO.COM
Gender	MALE
Community	BC
PAN Number	CJNPM9051R
Passport Number	
Aadhar Number	206740129711
Faculty code given by C.O.E.	9516196
Faculty code given by A.I.C.T.E.	13609365951
Date of Birth	06-04-1987
Age	36
I. Particulars of Educational Qualification : (	only completed)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.TECH.	OTHERS - ECE	2012	OTHERS - SRM UNIVERSI TY	OTHERS - SRM UNIVERSI TY	61	FIRST CLASS	
P.G.	M.E.	VLSI DESIGN	2015	ASAN MEMORIA L COLLEGE OF ENGINEER ING AND TECHNOL OGY	ANNA UNIVERSI TY	71	FIRST CLASS	
		f Original Deg ation :- NO A	-	icate. AL QUALIFIC	ATION			

II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Joining	r Data	Relieving Date / Current Date for Presently	E	xperience	•
Name of the Conege	Designation	Jounu	y Date	Working Institutions	Years	Months	Days
MAHAKAVI BHARATHIYAR COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	13-12-20	017	09-01-2020	2	0	28
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	11-01-20	23	20-05-2023	0	4	10
				Total	2	5	10
V. Industrial Experience :							
Name of the Designation	Noture of Mark	Loin!	r Data	Polioving Data	E	xperience	)
Organisation Designation	Nature of Work	Joinin	y Date	Relieving Date	Years	Months	Days

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
is certified t	hat all the informa	tion provided are true to th	ne best of my knowledge.	
	2	Dinas		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MATHEMATICS
Name of the Degree & Course	S&H-MATHEMATICS
Name of the faculty member	MRS. JENIBHA M D
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	7-7B, KATUVETTI , MULAGU MODU PO
Line 2	629167
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 8903636877
Email	JENIBHA1991@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BHKPJ0689L
Passport Number	
Aadhar Number	747197119679
Faculty code given by C.O.E.	9524218
Faculty code given by A.I.C.T.E.	13569208476
Date of Birth	31-05-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - MATHS	2011	OTHERS - MSU COLLEGE OF ARTS AND SCIENCE	MANOMA NIAM SUNDARN AR UNIVERSI TY	70	FIRST CLASS	
P.G.	M.SC.	OTHERS - MATHS	2014	OTHERS - STC COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	82.62	DISTINCT ION	
P.G.	OTHERS - M.PHIL	OTHERS - MATHS	2016	OTHERS - N M CHRISTIA N COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	74	FIRST CLASS	

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

# II. Title of Ph.D. Thesis

### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	<del>)</del>
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-11-2017	20-05-2023	5	6	20
			Total	5	6	23
				-		

Name of the Organisation	Decignation	Nature of	Joining Date	Relieving Date	E	xperience	e e
Organisation	Designation	Work	Joining Date		Years	Months	Days

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
is certified	that all the inform	ation provided are true to	the best of my knowledge	
		-		
		1.00 C		
		all.		
		Jartin		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING
Name of the faculty member	MR. RAJESH E
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	297, DVD COLONY, KOTTAR
Line 2	NAGERCOIL, PIN - 629002
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9487647096
Email	SWWROCK@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CBRPR0119M
Passport Number	
Aadhar Number	760303288016
Faculty code given by C.O.E.	9633034
Faculty code given by A.I.C.T.E.	14642262146
Date of Birth	26-07-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name o the College	t tl Univ	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2011	ANNA UNIVESI Y REGIONA L CAMPUS, TIRUNEL VELI	ANNA UNIV TY	A ′ERSI	76	DISTIN ION		Contraction Contraction     Contraction
P.G.	M.E.	CAD/CAM	2013	UDAYA SCHOOL OF ENGINEE RING		A 'ERSI	7.6 CGPA	FIRST CLASS		Antipersonal and a second and a
Score : File : II. Title of III. Faculty	File : II. Title of Ph.D. Thesis III. Faculty in which Ph.D. was awarded IV. Academic Experience :									
Name of	f the College	Desig	gnation	Joining	y Date	Relieving Date / Current Date for Presently Working		Experience Years Months I		e Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		01-03-20	23	Institutions           30-03-2023		0	0	30
							Total	0	0	0
V. Industri	al Experienc	ce :								
	Name of the Designation Nature of Work Joining Date				g Date	Relie	eving Date	E Years	xperienco Months	e Days
	Appointmen t which serv Squa Memb (No. of d	i <u>ce is exten</u> d Ex er		miner al)	Centra (No.		uation ripts	Re-E (No.	ear Evaluation of script aluated)	

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF
	TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. ASHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2/56 MIDDLE STREET
Line 2	SOUTH ILANTHAIKULAM POST, KAMMAPATTI
District	THOOTHUKUDI
Telephone number	04634 - 279086
Mobile number	+91 - 8838250200
Email	ASHA86750@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DOYPA7323K
Passport Number	
Aadhar Number	459535845486
Faculty code given by C.O.E.	9524169
Faculty code given by A.I.C.T.E.	17498340365
Date of Birth	02-06-1996
Age	27
I. Particulars of Educational Qualification : (on	ly completed)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Unive y	e ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2017	INFANT JESUS COLLEGE OF ENGINEE RING	ANNA UNIVI TY		64	SECON CLASS	Diversion of the second	All Level of the second s
P.G.	M.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2019	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVI TY		85.5	FIRST CLASS		AMAGENY Market M
Score : File : II. Title of III. Faculty	File : II. Title of Ph.D. Thesis III. Faculty in which Ph.D. was awarded IV. Academic Experience :									
						Relieving Date / Current Date				<b>)</b>
Name of	Name of the College		gnation	on Joining Dat		W	Presently /orking titutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE ASSISTANT PROFESSOR 1		16-12-2019	)	20-05	5-2023	3	5	5		
							Total	3	5	7
V. Industri	al Experien	ce :								
Name of the Designation Nature		aturo of					Experience			
	Organisation Design		Work	Joining 1	Date	Rolic	eving Date		-	

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year									
AUR (No. of days)Squad Member 									
It is certified	that all the inform	ation provided are true to	the best of my knowledge						
A.A.Ma									
Signature of	Signature of the Faculty :								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE			
Name of the Department	MECHANICAL ENGINEERING			
Name of the Degree & Course	B.EMECHANICAL ENGINEERING			
Name of the faculty member	MR. POOPATHI J			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
<b>Residential Address</b> Line 1	47/B3, SCHOOL ST,MELASOORANKUDI			
Line 2	NAGERCOIL			
District	TIRUNELVELI			
Telephone number	04634 - 279086			
Mobile number	+91 - 9865454582			
Email	JPOOPATHI88@GMAIL.COM			
Gender	MALE			
Community	BC			
PAN Number	CJKPP5509E			
Passport Number				
Aadhar Number	729009647552			
Faculty code given by C.O.E.	9524095			
Faculty code given by A.I.C.T.E.	12916740279			
Date of Birth	15-07-1988			
Age	35			
I. Particulars of Educational Qualification : (only completed)	)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2009	OTHERS - NI COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	75	DISTINCT ION	
P.G.	M.E.	ENERGY ENGINEE RING	2013	ST XAVIER'S CATHOLI C COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	8.2	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

# II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the	Collogo	Decignotion	Joining Data	Relieving Date / Current Date	Experience			
Name of the College		Designation	Joining Date	for Presently Working Institutions	Years	Months	Days	
TF(CHN(0)) O(CYAND) = 1		ASSISTANT PROFESSOR	17-06-2015	20-05-2023	7	11	4	
				Total	7	11	9	
V. Industrial Ex	xperience :							
Name of the	Decignatio	Nature of	Joining Data	Dolioving Doto	Experience			
Organisation	Designatio	" Work	Joining Date	Relieving Date	Years	Months	Days	

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 2	Central Evaluation (No. of scripts Evaluated) 250	Re-Evaluation (No. of scripts Evaluated)				
It is certified	that all the inform	ation provided are true to	the best of my knowledge	9.				
It is certified that all the information provided are true to the best of my knowledge.								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	DR. MOHAN P
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	17/10, KEEZHA PALKINATHAN VILAI
Line 2	POZHIKKARAI POST, PINCODE - 629501
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9486451833
Email	MOHANME08@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BGNPM0318K
Passport Number	
Aadhar Number	828834306432
Faculty code given by C.O.E.	9524066
Faculty code given by A.I.C.T.E.	12491665123
Date of Birth	20-05-1973
Age	50
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2004	GOVERN MENT COLLEGE OF ENGINEE RING TIRUNEL VELI	MANOMA NIAM SUNDARN AR UNIVERSI TY	67	FIRST CLASS	
P.G.	M.E.	ENGINEE RING DESIGN	2008	GOVERN MENT COLLEGE OF ENGINEE RING TIRUNEL VELI	ANNA UNIVERSI TY	78	FIRST CLASS	
PH.D.	PH.D.	MECHANI CAL ENGINEE RING	2019	CAPE INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	Y		
<sup>4</sup> Upload Scanned copy of Original Degree Certificate.								

II. Title of Ph.D. Thesis	FRACTURE STUDIES OF NANO MATERIAL REINFORCED ALUMINIUM METAL MATRIX COMPOSITE
III. Faculty in which Ph.D. was awarded	FACULTY OF MECHANICAL ENGINEERING
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Designation	Joining Data	Relieving Date / Current Date for Presently	Experience		
Name of the College	Working			Years	Months	Days
ANNAI VAILANKANNI COLLEGE OF ENGINEERING	OTHERS - LECTURER	26-05-2008	22-06-2010	2	0	28
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSOCIATE PROFESSOR	21-06-2014	20-05-2023	8	10	30
OTHERS - S A RAJA POLYTECHNIC COLLEGE	OTHERS - LECTURER	06-07-2005	03-06-2006	0	10	29
OTHERS - SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	05-07-2010	20-06-2014	3	11	16
JAYAMATHA ENGINEERING COLLEGE			04-07-2005	0	6	2
			Total	16	4	18

#### V. Industrial Experience :

Name of the	Designation	Nature of	Joining Date	g Date Relieving Date -		Experience		
Organisation	Designation	Work	Joining Date	Kellevilig Date	Years	Months	Days	
LAKSHMANA FISH NET	SUPERVISOR	SUPERVISING	01-11-1994	29-07-1997	2	8	29	
				Total	2	8	2	

#### VI. C.O.E. Appointment Experience :

# Capacity at which service is extended for the conduct of Exmination during the last year

AUR	Squad	External Examiner	Central Evaluation	Re-Evaluation
(No. of	Member	(Practical)	(No. of scripts	(No. of scripts
days)	(No. of days)	(No. of days)	Evaluated)	Evaluated)

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	INDUSTRIAL ENGINEERING
Name of the Degree & Course	B.EINDUSTRIAL ENGINEERING AND MANAGEMENT
Name of the faculty member	MR. KRISHNAMOORTHY K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	33 NGO COLONY, 6TH STREET EXTENSION -1
Line 2	MELAGARAM, TENKASI, PINCODE - 627818
District	TENKASI
Telephone number	-
Mobile number	+91 - 9500549740
Email	12188@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DCPPK1801K
Passport Number	
Aadhar Number	604182403335
Faculty code given by C.O.E.	9512195
Faculty code given by A.I.C.T.E.	17468106013
Date of Birth	12-01-1988
Age	35
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2010	SARDAR RAJA COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	68	FIRST CLASS	
P.G.	M.E.	ENGINEE RING DESIGN	2013	INFANT JESUS COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.42 CGPA	FIRST CLASS	A second se

\* Upload Scanned copy of Original Degree Certificate.

# **I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION Score :

File :

#### II. Title of Ph.D. Thesis

# III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Loining Date	Relieving Date / Current Date	Experience		
Name of the Conege	Designation	Joining Date for Presently Working Institutions		Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-02-2022	20-05-2023	1	3	7
FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-01-2013	30-04-2018	5	3	25
SCAD ENGINEERING COLLEGE	OTHERS - LECTURER	04-06-2010	05-06-2011	1	0	2
J P COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	02-01-2020	23-06-2021	1	5	22
			Total	9	0	26
V. Industrial Experience :						

Name of th Organisatio	Inecignation	Nature of Work	Joining	g Date	Relieving Date			
VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days) 5	Squad Member (No. of days)	External Exa (Practica (No. of day	l)	(No.	l Evaluation of scripts aluated)	(No.	Evaluation of script aluated)	- 1
It is certified	that all the inform	ation provided ar	e true to t	the best o	of my knowledge.			
Signature of	the Faculty :	X Xus/						

	1
Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. BERLIN JOHN J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	203 NGO NEW COLONY, NEAR IYYAPPA NAGAR
Line 2	TIRUNELVELI, PINCODE - 627007
District	TIRUNELVELI
Telephone number	0462 - 2552054
Mobile number	+91 - 8870822357
Email	BERLIN.JOHN.J@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CIFPB1179N
Passport Number	
Aadhar Number	931237429292
Faculty code given by C.O.E.	9524003
Faculty code given by A.I.C.T.E.	1756415852
Date of Birth	23-07-1987
Age	36
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th Univ	ne of ne rersit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2008	NELLAI COLLEGE OF ENGINEE RING	ANNA UNIV TY		65	FIRST CLASS		
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	DR SIVANTHI ADITANA R COLLEGE OF ENGINEE RING	ANNA UNIV TY	A /ERSI 7.4CGPA		FIRST CLASS		
I.a. Addition Score : File : II. Title of	canned copy c onal Qualific Ph.D. Thesi y in which P	ation :- NO	ADDITION		CATIO	N				
	nic Experien m the Curre		Experienc	e)*						
Name o	f the College	Desir	Ination	Joining	Date	/ <b>Cu</b>	eving Date rrent Date Presently	E	xperience	9
	i the conege		jiiution	Jonnig	butto	W	vorking titutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCEASSISTANT PROFESSOR01-06-201120						20-05	5-2023	11	11	20
SCIENCE							Total	11	11	25
SCIENCE										
	ial Experien	ce :		1				I		

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days) 3	Central Evaluation (No. of scripts Evaluated) 200	Re-Evaluation (No. of scripts Evaluated)						
It is certified	that all the inform	ation provided are true to	the best of my knowledge							
Signature of	the Faculty :	Bl. Th								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MR. ARUNKUMAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	39A THOLLAVILAI, KONAM POST,
Line 2	NAGERCOIL 629004
District	KANYAKUMARI
Telephone number	04634 - 279086
Mobile number	+91 - 9094533580
Email	ARUN07KUMAR07@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CATPA4040H
Passport Number	
Aadhar Number	907228980764
Faculty code given by C.O.E.	9524083
Faculty code given by A.I.C.T.E.	12916417950
Date of Birth	03-06-1989
Age	34
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name the Unive y	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2011	LORD JEGANNA TH COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVE TY	RSI	72	FIRST CLASS	The second secon
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEE RING	2015	UNIVERSI TY COLLEGE OF ENGINEE RING NAGERCO IL	ANNA UNIVE TY	RSI	7.04	FIRST CLASS	
* Upload Sc	canned copy o	of Original De	egree Certi	ficate.					
<b>I.a. Additic</b> Score : File :	onal Qualific	cation :- NO	ADDITION	AL QUALIFI	CATION	Ī			
II. Title of	Ph.D. Thesi	S							
III. Faculty	III. Faculty in which Ph.D. was awarded								
	IV. Academic Experience : ( Start from the Current working Experience ) *								
Nama a						/ <b>Cu</b>	eving Date rrent Date	Expe	rience

Nome of the College	Designation	Joining Data	/ Current Date	E	Experience	e
Name of the College	Designation	Joining Date	for Presently Working Institutions	Years Months I	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	07-07-2015	20-05-2023	7	10	14
			Total	7	10	19

# V. Industrial Experience :

Name of the De	Designation	Nature of	Joining Date	<b>Relieving Date</b>	E	xperience	e
Organisation	Designation	Work	Joining Date	Kelleving Date	Years	Months	Days

	ppointment Expe which service is a		t of Exmination during	the last year			
AUR (No. of days)	(No. of Member (Practical) (No. of scripts (No. of days) Evaluated)						
It is certified	that all the inform	ation provided are true to	the best of my knowledge				
	,1	b/					
Signature of	f the Faculty :						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING
Name of the faculty member	MRS. AKILA RAJINI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	88A SOUTH BAZAR
Line 2	PALAYAMKOTTAI - 627002
District	TIRUNELVELI
Telephone number	0462 - 2576412
Mobile number	+91 - 9489866412
Email	AKILA.CSE.PSNCET@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AOSPA5765Q
Passport Number	
Aadhar Number	989849545039
Faculty code given by C.O.E.	9524232
Faculty code given by A.I.C.T.E.	14426757394
Date of Birth	10-12-1973
Age	50
I. Particulars of Educational Qualification : (only com	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.SC.	OTHERS - COMPUTE R SCIENCE	1995	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	76	FIRST CLASS	
P.G.	M.E.	COMPUTE R SCIENCE AND ENGINEER ING	2008	GOVERNM ENT COLLEGE OF ENGINEER ING TIRUNELV ELI	ANNA UNIVERSI TY	81	FIRST CLASS	
P.G.	M.C.A.	MASTER OF COMPUTE R APPLICATI ONS	1998	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	67	FIRST CLASS	
* Upload Sc	canned copy o	f Original Deg	gree Certif	icate.				
<b>I.a. Additic</b> Score : File :	onal Qualific	ation :- NO A	DDITION	AL QUALIFIC.	ATION			
II. Title of	Ph.D. Thesis	5						
III. Faculty	y in which P	h.D. was awa	rded					
	nic Experien m the Curre	ce : nt working E	xperience	; <b>)</b> *				

Name of the College		Decimation	Ioir:	ng Doto	Relieving Date / Current Date	E	xperience	e
Name of th	ne College	Designation	Joini	ng Date	for Presently Working Institutions	ExperienceYearsMonths610313434371611ExperienceYearsMonths	Days	
PSN INSTITUT TECHNOLOGY SCIENCE		ASSISTANT PROFESSOR	04-07-	2016	20-05-2023	6	10	17
PSN COLLEGE ENGINEERIN( TECHNOLOGY (AUTONOMOL	G AND	ASSISTANT PROFESSOR			03-07-2016	3	1	1
NELLAI COLLI ENGINEERINO		ASSISTANT PROFESSOR	03-01-2010 31-05-2013		3	4	29	
PSN COLLEGE ENGINEERIN( TECHNOLOGY (AUTONOMOL	COLLEGE OF NEERING AND ASSISTANT INOLOGY PROFESSOR 02-03-2006		10-10-2009	3	7	9		
					Total	16	11	2
					IUldi	10	11	2
/. Industrial E	xperience :				10141	16     11     2       Experience		
Name of the		Nature of Work	Joini	ng Date		1		
Name of the	Experience : Designation	Nature of Work	Joini	ng Date	Relieving Date	E		e
Name of the Organisation /I. C.O.E. App	Designation		onduct of	of Exmina Central (No. 6 Eva	Relieving Date	E Years ast year Re-E (No.	Experience Months	e Day
Name of the Organisation /I. C.O.E. App Capacity at wh AUR (No. of days) 6	Designation ointment Expe iich service is Squad Member (No. of days)	erience : extended for the co External Exam (Practical) (No. of days	onduct ( iner )	of Exmina Central (No. 6 Eva	Relieving Date tion during the la Evaluation of scripts luated) 250	E Years ast year Re-E (No.	Experience Months Evaluation of scripts	Day
Name of the Organisation /I. C.O.E. App Capacity at wh AUR (No. of days) 6	Designation ointment Expe iich service is Squad Member (No. of days)	erience : extended for the co External Exam (Practical) (No. of days 2	onduct ( iner )	of Exmina Central (No. 6 Eva	Relieving Date tion during the la Evaluation of scripts luated) 250	E Years ast year Re-E (No.	Experience Months Evaluation of scripts	e Day

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MR. PATCHIRAJA N
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	51 A / 14A 3RD STREET, MASILAMANI NAGAR, PALAYAMKOTTAI
Line 2	TIRUNELVELI - 627005
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9688421458
Email	RAJA.PATCHI@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	BKDPP9627G
Passport Number	
Aadhar Number	957635336268
Faculty code given by C.O.E.	9524030
Faculty code given by A.I.C.T.E.	12186552542
Date of Birth	10-12-1986
Age	37
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th	ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas: obtain		ificat e	
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2009	NELLAI COLLEGE OF ENGINEE RING	ANNA UNIV TY		70	FIRST CLASS			
P.G.	M.E.	APPLIED ELECTRO NICS	2013	DHAANIS H AHMED COLLEGE OF ENGINEE RING	ANNA UNIV TY		7.34 CGPA	FIRST CLASS		A construction of the second s	
III. Faculty IV. Acaden	Ph.D. Thesis y in which Pl nic Experien m the Curren	n.D. was aw ce :		e)*							
Name of	f the College	e Desi	gnation	Joining 1	Date	/ Cu for	eving Date rrent Date Presently	Experience		e 	
							/orking titutions	Years	Months	Days	
PSN INST TECHNOL SCIENCE		ASSIST. PROFES		17-01-2013	3	20-05	5-2023	10	4	4	
PSN INST TECHNOL SCIENCE		OTHER LECTUI		15-08-2010	)	28-08	3-2011	1	0	14	
				•			Total	11	4	20	
V. Industri	ial Experienc	ce :									
Name of	the Design	N	ature of	Joining 1			eving Date	E	xperience	e	

	pointment Expe which service is a		t of Exmination during	the last year			
AUR (No. of days)	(No. of Member (No. of days) (No. of scripts						
It is certified	that all the inform	ation provided are true to	the best of my knowledge	·.			
		14					
Signature of	the Faculty :						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	SCIENCE AND HUMANITIES
Name of the Degree & Course	B.EGENERAL ENGINEERING
Name of the faculty member	MS. BELSI X
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	65/14 K.P.K STREET,
Line 2	KAYATHAR - 628952
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 7449016312
Email	JESUSBELSI333@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	EKYPB2175M
Passport Number	
Aadhar Number	677087348919
Faculty code given by C.O.E.	9524147
Faculty code given by A.I.C.T.E.	17499713575
Date of Birth	03-07-1995
Age	28
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	tł Univ	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		tificat e
U.G.	B.E.	CIVIL ENGINEE RING	2015	ARUL THARUM VPMM COLLEGE OF ENGINEE RING AND TECHNOL OGY (FORMER LY V P MUTHAIA H PILLAI MEENAKS HI AMMAL ENGINEE RING COLLEGE FOR WOMEN)	ANN/ UNIV TY		6.75 CGPA	FIRST CLASS		
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2018	PSN ENGINEE RING COLLEGE	ANNA UNIV TY		8.6 CGPA	DISTIN ION	Study of California (Spanning Jo minimum (Spanning Jo minimum (Spanning Jo Martine (Spanning	
I.a. Additic Score : File : II. Title of	anned copy o onal Qualific Ph.D. Thesi y in which P	cation :- NO s	ADDITION		CATIO	N				
	nic Experien n the Curre		Experienc	e ) *						
Nome	the College	Deals	mation	Icining	Data	/ <b>Cu</b>	eving Date rrent Date	E	xperience	e
	f the College		<b>jnation</b>	Joining 1	Jale	N	Presently /orking titutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		25-02-2019	)	20-05	5-2023	4	2	24
						-	Total	4	2	25

V. Industrial	Experience :							
Name of the	Desimution	Decignation Nature of Laining Data Relieving					Experience	
Organisation	Designation	Work	Joining Date		Relieving Date	Years	Months	Days
-	pointment Expe hich service is (		conduc	t of Exmi	ination during t	he last y	rear	
AUR (No. of days)	(No. of Member (Practical) (No. of		l Evaluation of scripts aluated)	Re-I (No.	he last year Re-Evaluation (No. of scripts Evaluated)			
It is certified t	hat all the inform	ation provided ar	e true to	the best o	of my knowledge.			
		Ser.						
Signature of	the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	CIVIL ENGINEERING				
Name of the Degree & Course	B.ECIVIL ENGINEERING				
Name of the faculty member	MRS. ISWARYA I				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	7/37 VARUKKATHATTU				
Line 2	KALPADI629204				
District	KANYAKUMARI				
Telephone number	04634 - 279086				
Mobile number	+91 - 7094759668				
Email	ISWARYAI1993@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	HNRPS3704L				
Passport Number					
Aadhar Number	281724992251				
Faculty code given by C.O.E.	9524173				
Faculty code given by A.I.C.T.E.	13357673852				
Date of Birth	30-05-1993				
Age	30				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	tł Univ	ne of ne versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e	
U.G.	B.E.	CIVIL ENGINEE RING	2014	ARUNACH ALA COLLEGE OF ENGINEE RING FOR WOMEN	ANNA UNIV TY		78.9	FIRST CLASS	A set of the set of th		
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	PONJESLY COLLEGE OF ENGINEE RING	ANNA UNIV TY		83.7	FIRST CLASS		Unterstand Construction Cons	
* Upload Sc	anned copy c	of Original D	egree Certi	ficate.							
<b>I.a. Additic</b> Score : File :	onal Qualific	ation :- NO	ADDITION	IAL QUALIF	ICATIO	N		_	_		
II. Title of	Ph.D. Thesi	S									
III. Faculty	y in which P	h.D. was av	varded								
	nic Experien <mark>m the Curre</mark>		Experienc	e)*							
							Relieving Date / Current Date		Experience		
Name of	Name of the College		gnation	Joining Date		for Presently Working Institutions		Years	Months	Days	
	IECHNOLOGY AND		ANT SSOR	22-06-201	6	20-05-2023		6	10	29	
						Total		6	10	4	
V. Industri	al Experien	ce :									
Nome of	Name of the Nature of						Experience		<b>,</b>		
	Name of the Organisation Designatio		on Nature of Work Joining Date		Date	e Relieving Date		Years			
	Appointmen			• -							
Capacity a AUR	Squa	h service is extended for the Squad External Exa Member (Practica o. of days) (No. of day		miner al)	miner Central Eva l) (No. of s		ination during th l Evaluation of scripts aluated)		ne last year Re-Evaluation (No. of scripts Evaluated)		
(No. of days)	(No. of d	lays)	(No. of da	nys)	Ev	aluate	ed)	Eva	aluated)		

11 11 Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE						
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING						
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING						
Name of the faculty member	MR. JEROME SINGH S						
Regular Or Adjunct	Regular						
Image							
Present Designation	ASSISTANT PROFESSOR						
<b>Residential Address</b> Line 1	7/7B, KADUVETTINEAR WATER TANK, MULAGUMOODU POST						
Line 2	KANYAKUMARI-629167						
District	KANYAKUMARI						
Telephone number	04634 - 279086						
Mobile number	+91 - 9942163981						
Email	JEROMESINGHS@GMAIL.COM						
Gender	MALE						
Community	BC						
PAN Number	BDMPJ7939P						
Passport Number							
Aadhar Number	623527607961						
Faculty code given by C.O.E.	9524081						
Faculty code given by A.I.C.T.E.	12491692422						
Date of Birth	07-06-1990						
Age	33						
I. Particulars of Educational Qualification : (only completed)							

Category	Name of the Degree	Specializ ation	Year of Passing	Name o the College	I tl Univ	ne of he versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	obtain		tificat e	
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2011	RAJAS ENGINEI RING COLLEG		A ⁄ERSI	72	FIRST CLASS			
P.G.	M.E.	APPLIED ELECTRO NICS	2014	CAPE INSTITU E OF TECHNO OGY	UNIV	A /ERSI	7.90 CGPA	FIRST CLASS			
* Upload Sc	* Upload Scanned copy of Original Degree Certificate.										
<b>I.a. Additic</b> Score : File :											
II. Title of	Ph.D. Thesis	5									
III. Faculty	II. Faculty in which Ph.D. was awarded										
	V. Academic Experience : Start from the Current working Experience ) *										
						Relieving Date / Current Date			Experience		
	Name of the College		Designation		Joining Date		for Presently Working Institutions		Months	Days	
	PSN INSTITUTE OF TECHNOLOGY AND SCIENCE		NT SOR	02-01-20	)15	20-05-2023		8	4	19	
							Tota	8	4	21	
V. Industri	al Experienc	ce :									
Name of the Designa		ation	Nature of Work Joining Date			Relieving Date		E	Experience		
Organisat	Organisation		Work						Months	Days	
	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)	AUR Squad Ext (No. of Member		ternal Exa (Practica	Practical) (No o. of days) E		ral Evaluation o. of scripts Evaluated) 250		Re-Evaluation (No. of scripts Evaluated)			
It is certified that all the information provided are true to the best of my knowledge.											



# Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	INDUSTRIAL ENGINEERING				
Name of the Degree & Course	B.EINDUSTRIAL ENGINEERING AND MANAGEMENT				
Name of the faculty member	MR. GREESH KUMAR S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	10/261, SATHYA NAGAR, PAVOOR CHATHIRAM,				
Line 2	TENKASI-627808				
District	TIRUNELVELI				
Telephone number	04634 - 279086				
Mobile number	+91 - 9597303737				
Email	GREESH.KMR@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	BPDPG8857G				
Passport Number					
Aadhar Number	585558299938				
Faculty code given by C.O.E.	9524063				
Faculty code given by A.I.C.T.E.	12186438512				
Date of Birth	08-04-1983				
Age	40				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	th	ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Clas obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2011	S R I COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIV TY		63	FIRST CLASS		An array of the second se
P.G.	M.E.	MANUFA CTURING ENGINEE RING	2013	S R I COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIV TY		6.65 CGPA	FIRST CLASS		History and the second se
<ul> <li>* Upload Scanned copy of Original Degree Certificate.</li> <li>I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATIO Score : File :</li> <li>II. Title of Ph.D. Thesis</li> <li>III. Faculty in which Ph.D. was awarded</li> <li>IV. Academic Experience :</li> </ul>										
	m the Curre					Relieving Date / Current Date				9
Name of	f the College	e Desig	gnation	Joining 1	Date	W	Presently /orking titutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE ASSISTANT PROFESSOR		30-01-2014	4 20-05		5-2023	9	3	22		
						•	Total	9	3	23
V. Industri	al Experien	ce :								
Name of		ation	ature of	Joining I	Date	Relie	eving Date	Experience		
Organisat			Work				-	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR (No. of days)Squad Member 							
It is certified	that all the inform	ation provided are true to	the best of my knowledge				
It is certified that all the information provided are true to the best of my knowledge.  Signature of the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING				
Name of the faculty member	MR. UDHAYAKUMAR A				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	9/31, EAST ST,KELAYAPILLAIYUR				
Line 2	TIRUNELVELI				
District	TIRUNELVELI				
Telephone number	04634 - 241701				
Mobile number	+91 - 9788863207				
Email	UDHAYAMECH317@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	AFGPU0866B				
Passport Number					
Aadhar Number	686843689327				
Faculty code given by C.O.E.	9524199				
Faculty code given by A.I.C.T.E.	12916740566				
Date of Birth	13-07-1986				
Age	37				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name the Univer		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2013	EINSTEIN COLLEGE OF ENGINEE RING	ANNA UNIVE TY	RSI	6.85 CGPA	FIRST CLASS		Hitteration New York State New York State N
P.G.	M.E.	MANUFAC TURING ENGINEE RING	2015	MAHAKAV I BHARATHI YAR COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVE TY	RSI	7.2 CGPA	FIRST CLASS		
<b>I.a. Additio</b> Score : File :										
IV. Acaden	nic Experien	h.D. was awa ice : nt working F		;)*						
Name o	f the Colleg	e Desi	ignation	Joining	g Date	Relieving Date / Current Date for Presently		E	xperience	e
							Vorking stitutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE ASSISTANT PROFESSOR 29-07-		29-07-20	15	20-0	5-2023	7	9	23		
							Total	7	9	27
V. Industri	al Experien	ce :								
	Name of the Designation Nature of Work Joinin			k Joining	ng Data Daliaring Data		eving Date	Experience		e
Organisat	tion			Jonni	Jutt		July Dutt	Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year							
AUR (No. of days)Squad Member 							
It is certified	that all the informa	ation provided are true to t	he best of my knowledge.				
Signature of the Faculty :							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND				
5	SCIENCE				
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING				
Name of the faculty member	DR. ABISHA S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	105E, RAJAKAMANGALAM ROAD,				
Line 2	REETA STREET, NAGERCOIL				
District	KANYAKUMARI				
Telephone number	-				
Mobile number	+91 - 8300130101				
Email	S.ABISHASTEPHEN@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	ASLPA4883A				
Passport Number					
Aadhar Number	966584717808				
Faculty code given by C.O.E.	9524208				
Faculty code given by A.I.C.T.E.	143373434339				
Date of Birth	04-07-1991				
<b>Age</b> 32					
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	the	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEER ING	2012	ST XAVIER'S CATHOLIG OF ENGINEE ING (AUTONO MOUS)	ANNA UNIVERSI R TY	8.3	FIRST CLASS	
P.G.	M.E.	COMMUNI CATION SYSTEMS	2014	ST XAVIER'S CATHOLIO COLLEGE OF ENGINEE ING (AUTONO MOUS)	ANNA UNIVERSI R TY	8.01	FIRST CLASS	
PH.D.	PH.D.	ELECTRO NICS AND COMMUNI CATION ENGINEER ING	2021	ST XAVIER'S CATHOLIO COLLEGE OF ENGINEE ING (AUTONO MOUS)	ANNA UNIVERSI R TY	90		
* Upload Scanned copy of Original Degree Certificate.								
<b>I.a. Additional Qualification :-</b> NO ADDITIONAL QUALIFICATION Score : File :								
II. Title of Ph.D. Thesis					THE APPLICA MACHINE LEA DETECTION C	ARNING TE	CHNIQUES F	OR

III. Faculty in which Ph.D. was awardedFACULTY OF INFORMATION AND<br/>COMMUNICATION ENGINEERINGIV. Academic Experience :<br/>(Start from the Current working Experience ) \*FACULTY OF INFORMATION AND<br/>COMMUNICATION ENGINEERING

Name of the College		Designation	Ioinin	r Data	Relieving Date / Current Date for Presently	Experience																		
name of th	le Conege	Designation	Joinin	y Date	Working Institutions	Years	Months	Days																
ROHINI COLLI ENGINEERINO TECHNOLOGY	G AND	ASSOCIATE PROFESSOR			23-02-2022		23-02-2022		23-02-2022		23-02-2022		23-02-2022		23-02-2022		23-02-2022		23-02-2022		13-06-2022	0	3	19
RAJAS ENGINI COLLEGE	EERING	ASSISTANT PROFESSOR	19-06-20	)14	30-06-2020	6	0	12																
PSN INSTITUT TECHNOLOGY SCIENCE		ASSOCIATE PROFESSOR	10-12-2022		20-05-2023	0	5	11																
ROHINI COLLI ENGINEERINO TECHNOLOGY	G AND	ASSISTANT PROFESSOR	07-06-2021		07-06-2021		22-02-2022	0	8	16														
	•				Total	7	5	1																
V. Industrial E	xperience :	1				1																		
Name of the	Designation	Nature of Work	Joinin	ng Date   Relieving Date		Experience																		
Organisation					_	Years	Months	Days																
VI. C.O.E. Appointment Experience :Capacity at which service is extended for the conduct of Exmination during the last yearAURSquadExternal ExaminerCentral EvaluationRe-Evaluation(No. ofMember(Practical)(No. of scripts(No. of scriptsdays)(No. of days)(No. of days)Evaluated)Evaluated)																								
t is certified that all the information provided are true to the best of my knowledge.																								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the faculty member	MS. SARIBA S				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	5/104 SWAMY VILAI				
Line 2	NAGERCOIL 629004				
District	KANYAKUMARI				
Telephone number	04634 - 279086				
Mobile number	+91 - 9488831281				
Email	SARIBAMINI@GMAIL.COM				
Gender	FEMALE				
Community	BC				
PAN Number	FAKPS8400M				
Passport Number					
Aadhar Number	749576360353				
Faculty code given by C.O.E.	9524204				
Faculty code given by A.I.C.T.E.	2916740021				
Date of Birth	28-12-1991				
Age	32				
I. Particulars of Educational Qualification : (only completed)					

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2013	VINS CHRISTIA N WOMEN'S COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	7.8 CGPA	FIRST CLASS	
P.G.	M.E.	APPLIED ELECTRO NICS	2015	ANNA UNIVESIT Y REGIONA L CAMPUS, COIMBAT ORE	ANNA UNIVERSI TY	8.3 CGPA	FIRST CLASS	A CONTRACT OF A

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION Score : File :

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience :	

( Start from the Current working Experience ) \*

Name of the Colleg	ollege Designation		Joining Date	Relieving Date / Current Date for Presently	Experience			
Name of the Coney	le			Working Institutions	Years	Months	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	_	SISTANT OFESSOR	15-07-2015	20-05-2023	7	10	6	
				Total	7	10	11	
V. Industrial Experier	nce :							
Name of the Desig	nation	Nature of	Joining Data	Polioving Data	Experience			
Organisation Desig	nation	Work	Joining Date	Relieving Date	Years	Months	Days	

-	pointment Expe which service is (	rience : extended for the conduc	t of Exmination during	the last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
It is certified	that all the inform	ation provided are true to	the best of my knowledge	
		Cariba		
Signature of	the Faculty :			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MS. GANESHAMMAL ALIAS GOMATHI S
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	5/136, EAST STREET, ADAICHANI
Line 2	AMBASAMUTHRAM, 627413
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9791631553
Email	GANESHGOMATHI14@GMAIL.COM
Gender	FEMALE
Community	SC
PAN Number	BSLPG9415P
Passport Number	
Aadhar Number	405760294547
Faculty code given by C.O.E.	9514005
Faculty code given by A.I.C.T.E.	12664573615
Date of Birth	08-04-1991
Age	32
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	CIVIL ENGINEE RING	2012	DR SIVANTHI ADITANAR COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	7.34	FIRST CLASS	
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2015	INFANT JESUS COLLEGE OF ENGINEE RING AND TECHNOL OGY	ANNA UNIVERSI TY	7.82	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

## I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II.	Title	of	Ph.D.	Thesis
-----	-------	----	-------	--------

## III. Faculty in which Ph.D. was awarded

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	Experience						
Name of the Conege	Designation	Joining Date	Working Institutions	Years	Months	Days				
JOE SURESH ENGINEERING COLLEGE	OTHERS - LECTURER	29-06-2012 17-09-2013		1	2	19				
SARDAR RAJA COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR	24-06-2015 14-06-2022		6	11	21				
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-02-2023 20-05-2023		0	3	20				
			Total	8	6	3				
V. Industrial Experience :										
Name of the Designation	on Nature of Work	Loining Data	Relieving Date	Experience						
Organisation		Joining Date		Years	Months	Days				

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
is certified	that all the informa	ation provided are true to t	he best of my knowledge.	
		o Di		
		(Rionfinite		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE			
Name of the Department	COMPUTER SCIENCE AND ENGINEEERING			
Name of the Degree & Course	B.ECOMPUTER SCIENCE AND ENGINEERING			
Name of the faculty member	MR. BALA KARTHIK K			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	146G SELVI AMMAN KOVIL ST			
Line 2	SANKAR NAGAR - 627357			
District	TIRUNELVELI			
Telephone number	04634 - 279086			
Mobile number	+91 - 9003941541			
Email	BALA.KARTHIK05@GMAIL.COM			
Gender	MALE			
Community	MBC			
PAN Number	CZZPK0817R			
Passport Number				
Aadhar Number	629513840623			
Faculty code given by C.O.E.	9524004			
Faculty code given by A.I.C.T.E.	11454872066			
Date of Birth	30-04-1989			
Age	34			
I. Particulars of Educational Qualification : (only com	pleted)			

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	th	e	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		tificat e
U.G.	OTHERS - B.TECH	OTHERS - INFORMA TION TECHNOL OGY	2010	DR SIVANTHI ADITANAI COLLEGE OF ENGINEE RING	R ANNA UNIV TY		73	FIRST CLASS		An internet in the second seco
P.G.	M.TECH.	OTHERS - COMPUTO R SCI ANDINFO RMATION TECHNOL OGY	2012	OTHERS - MS UNIVERS TY	MS		70	FIRST CLASS	A set of the set of th	
* Upload Sc	anned copy of	Original De	gree Certi	ficate.						
Score : File : II. Title of III. Faculty IV. Academ	onal Qualifica Ph.D. Thesis 7 in which Ph nic Experience	D. was awa	arded							
( Start from	n the Curren	t working l	Experience	e)*		<b>D</b> - 14				
Name o	f the College	Desi	gnation	Ioinin	Joining Date f		Relieving Date / Current Date for Presently Working Institutions		Experienc	e
	i the concyc		gilution	Jonni					Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		24-02-20	)12	20-0	5-2023	11	2	26
						•	Total	11	2	27
V. Industri	al Experienc	e :								
Name of	the	Na	ature of	Toinin	a Doto	Dell	oring Data		Experienc	e
Organisat	ion Designa		Work	Joinin	g Date	Ken	eving Date	Years	Months	Days
				e conduct	of Exmi	nation	during th	e last vo	ar	
AUR (No. of days) 5	(No. of days)Squad Member (No. of days)(Practical) (No. of days)			aminer al)	t of Exmination during the Central Evaluation (No. of scripts Evaluated) 150			he last year Re-Evaluation (No. of scripts Evaluated)		

It is certified that all the information provided are true to the best of my knowledge.
Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	MRS. RAJESHWARI A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	2.5.56, SCHOOL METTU STREET, KATTALAI KUDIYIRUPPU
Line 2	SHENKOTTAI, PIN - 627813
District	TENKASI
Telephone number	-
Mobile number	+91 - 9677788760
Email	RAJIARJUN271997@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	CMJPA2262F
Passport Number	
Aadhar Number	946120724067
Faculty code given by C.O.E.	9524189
Faculty code given by A.I.C.T.E.	143378026193
Date of Birth	02-07-1997
Age	26
I. Particulars of Educational Qualification : (only con	npleted)

Category	Name the Degre	Spo	ecializa tion	Year of Passing	Name o the College	t	ne of he ersity	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	NIC CO CA	ECTRO CS AND MMUNI FION GINEE IG	2018	EINSTEI COLLEG OF ENGINE RING	E ANN UNIV	A ⁄ERSI	81	FIRST CLASS		
P.G.	M.E.	CA	MMUNI FION STEMS	2021	FRANCIS XAVIER ENGINE RING COLLEG (AUTONO MOUS)	EE ANNA UNIVERSI 94 GE TY		94	DISTINC ON		
File : II. Title of III. Faculty IV. Acaden ( Start from	y in whic	h Ph.D.			· ) *			ieving Date		xperience	
Name o	of the Co	llege	Des	ignation	Joini	Joining Date f		rrent Date Presently Working stitutions	Years	Months	Days
PSN INST TECHNOL SCIENCE			ASSIST PROFES		18-08-	2022	20-0	5-2023	0	9	3
					1			Total	0	9	7
V. Industri	ial Exper	rience :									
Name of	f tho			Nature of	-				E	xperience	<b>,</b>
Organisa		Designa	ation	Work	Join	ing Date	Rel	ieving Date	Years	Months	Days
TEEZLE TELEMATI INDIA PRI LIMITED		SOFTWA ENGINEI		OFTWARE	17-07-	2018	20-0	8-2019	1	1	4
								Total	1	1	4

	pointment Expendent Expendent contract provide the provided the provid	rience : extended for the conduct	of Exmination during t	he last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
It is certified t	hat all the informa	ation provided are true to th	ne best of my knowledge.	
		Reit		
Signature of	the Faculty :	1		

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRONICS AND COMMUNICATION ENGINEERING
Name of the Degree & Course	B.EELECTRONICS AND COMMUNICATION ENGINEERING
Name of the faculty member	DR. RAJASREE R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	74,NADAR STREET
Line 2	MELACHEVAL, PINCODE - 627452
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 9442591150
Email	VASANTH.SUKIR@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	BTIPR6482H
Passport Number	
Aadhar Number	276851118739
Faculty code given by C.O.E.	9524021
Faculty code given by A.I.C.T.E.	1425300619
Date of Birth	03-04-1988
Age	35
I. Particulars of Educational Qualification : (only cor	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUN ICATION ENGINEE RING	2009	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	72	FIRST CLASS	
P.G.	M.E.	COMMUN ICATION SYSTEMS	2011	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	7.9 CGPA	FIRST CLASS	
PH.D.	PH.D.	ARTIFICIA L INTELLIG ENCE AND MACHINE LEARNIN G	2022	PSN COLLEGE OF ENGINEE RING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	Y		ANN INTERFET MARKENSER
* Upload Sc	anned copy o	of Original De	gree Certi	ficate.				
<b>I.a. Additic</b> Score : File :	onal Qualific	cation :- NO	ADDITION	AL QUALIF	CATION			
II. Title of	Ph.D. Thesi	S			MULTI SCALI TUMOR IMAC COMPUTING			
III. Faculty	y in which P	h.D. was awa	arded		FACULTY OF COMMUNICA			
	nic Experien m the Curre	ce : nt working I	Experienc	e)*				

Name of t	he College	Designation	Ioinin	g Date	Relieving Date / Current Date for Presently	Experience			
Name of (	lie College	Designation			Working Institutions	Years	Months	Days	
PSN INSTIT TECHNOLO SCIENCE				12-2010 20-05-2023		12	5	1	
			•		Total	12	5	3	
V. Industrial	Experience :								
Name of th	e Designation	Nature of	Toinin	- Data	Delissing Dete	Experience			
Organisatio	Designation	Mork	Joining Date		Relieving Date	Years	Months	Days	
	pointment Ex which service	perience : is extended for the	conduct	of Exmii	nation during the	e last ye	ar		
AUR (No. of days)	Squad Member (No. of days	External Exam (Practical (No. of day 2	)	(No.	l Evaluation of scripts aluated) 250	Re-Evaluation (No. of scripts Evaluated)			
It is certified	that all the info	rmation provided are	true to t	he best of	my knowledge.				
		RRyoun							
		X							
Signature of	the Faculty :	U							

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MR. AJITHKUMAR M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	7027, BALA GANESH STREET,
Line 2	SIVAGIRI, PIN - 627757
District	TENKASI
Telephone number	-
Mobile number	+91 - 9087270691
Email	MAJITHKUMAR150495@GMAIL.COM
Gender	MALE
Community	SC
PAN Number	DEIPA2155B
Passport Number	
Aadhar Number	679686511040
Faculty code given by C.O.E.	9524195
Faculty code given by A.I.C.T.E.	143374184504
Date of Birth	15-04-1995
Age	28
I. Particulars of Educational Qualification : (only c	ompleted)

Category	Name of the Degree	Specializa tion	Year of Passing		nme of the ollege	Name the Univers		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtaine	d Certi	ficate
U.G.	B.E.	ELECTRIC AL AND ELECTRON ICS ENGINEER ING	2020	OF ENC ING TEC OGY (AU	LEGE GINEER AND HNOL Z TONO	ANNA UNIVEF TY	RSI	8.5 CGPA	FIRST CLASS		
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	EM 2022 ENGINEER		LEGE GINEER AND HNOL Z TONO	ANNA UNIVEF TY	١SI	8.2 CGPA	FIRST CLASS		CODMA analy COMMANNE COMMANNNE COMMANNNN
Score : File : <b>II. Title of</b>	onal Qualific Ph.D. Thesis y in which Ph	5									
IV. Acaden ( Start froi	nic Experience m the Currer	ce : it working Ex	xperience	) *							
Name	of the Colleg	e De	signation		Joinir	lg Date	/ <b>C</b>	lieving Date urrent Date r Presently		Experience	
			5		5			Working istitutions	Years	Months	Days
PSN INST TECHNOL SCIENCE		ASSIST PROFE			28-11-2	022	20-	05-2023	0	5	23
								Tota	<b>d</b> 0	5	25
V. Industri	al Experienc	e:									
Name of Organisat		ation Natu	re of Wor	rk	Joinir	ig Date	Re	lieving Date	e ———	Experience	
Jiguiiisu								Years	Months	Days	

	pointment Exper which service is ex	ience : xtended for the conduct o	f Exmination during the	e last year
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
It is certified t	hat all the informa	tion provided are true to the	e best of my knowledge.	
Signature of	the Faculty :	ajit		

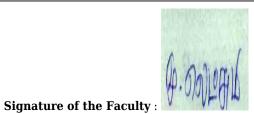
Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. JEYALALITHA T
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	8/101 EAST ST MELAKULAM
Line 2	TIRUNELVELI-627351
District	TIRUNELVELI
Telephone number	04634 - 279086
Mobile number	+91 - 8903226532
Email	JEYA1222@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWWPJ9768Q
Passport Number	
Aadhar Number	290564767349
Faculty code given by C.O.E.	9524214
Faculty code given by A.I.C.T.E.	13357745914
Date of Birth	25-06-1991
Age	32
I. Particulars of Educational Qualification : (only completed	)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Univ Y	ie ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.SC.	OTHERS - CHEMIST RY	2011	OTHERS - SATHAKA THULLA COLLEGE	MANO NIAM SUNI AR UNIV TY	[ DARN	74.20	FIRST CLASS		
P.G.	OTHERS - M.PHIL.	OTHERS - CHEMIST RY	2019	OTHERS - SARAH TUCKER COLLEGE AUTONO MOUS	OTHE MAN( ANIA) SUNI NAR UNIV TY	ONM M DARA	73.67	FIRST CLASS		
P.G.	M.SC.	OTHERS - CHEMIST RY	2013	OTHERS - SATHKAT HULLA COLLEGE	MANO NIAM SUNI AR UNIV TY	M DARN 60		FIRST CLASS		
I.a. Additic Score : File : II. Title of	anned copy c onal Qualific Ph.D. Thesis y in which P	s	ADDITION		CATIO	N				
IV. Acaden	nic Experien m the Curre	ce :		e)*						
Name of	f the College	e Desig	jnation	Joining 1	Date	/ Cu for	eving Date rrent Date Presently	E	xperience	9
							/orking titutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		16-08-2018	3	20-05-2023		4	9	5
							Total	4	9	9
V. Industri	al Experien	ce :								

Name of	the	Desimution	ion Nature of Joining Date		- Data	Daliarin - Data	Experience		
Organisat	tion	Designation	Work	Joinin	g Date	Relieving Date	Years	Months	Days
CHEMICAL PLANT		LAB ASST	LAB ASST	01-06-2013		31-08-2015	2	2	30
	2	2	0						
	which s S Mo			niner l)	Centra (No.	ination during th l Evaluation of scripts aluated)	Re-I (No.	ear Evaluation of script aluated)	-
It is certified		Ť	n provided ar	e true to	the best o	of my knowledge.			

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CHEMISTRY
Name of the Degree & Course	S&H-CHEMISTRY
Name of the faculty member	MRS. LAKSHMI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	1/124, K.CHATHIRAM,
Line 2	KADALADI
District	RAMANATHAPURAM
Telephone number	-
Mobile number	+91 - 9500860104
Email	LAKSHMI.MUTHURAMALINGAM90@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AWPPL5132M
Passport Number	
Aadhar Number	204435772623
Faculty code given by C.O.E.	9524220
Faculty code given by A.I.C.T.E.	AU1
Date of Birth	30-07-1989
Age	34
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	-	alizati n	Year of Passing	Name the Colle	)	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)		Class otained	Certif	icate
U.G.	B.SC.	OTHEI CHEM		2009	OTHEH - VVV COLLE	]	MADURAI KAMARAJ UNIVERSITY	75	FIRS CLA			
P.G.	OTHERS - M.PHIL.	OTHEI CHEM		2013	OTHEI - VHNS COLLE	SN 1	MADURAI KAMARAJ UNIVERSITY	79.4	FIRS CLA			
P.G.	M.SC.	OTHEI CHEM		2011	OTHERS - VHNSN COLLEGE		MADURAI KAMARAJ UNIVERSITY	72	FIRS CLA			
V. Acaden	y in which Ph. nic Experience <mark>m the Current</mark>	e :			ç							
								Relieving D / <mark>Current D</mark>	ate	E	xperience	<b>,</b>
Name	e of the Colleg	je	D	esignatio	n	Join	ing Date		ate tly I	E Years	xperience Months	Days
PSN INST			D ASSIS <sup>*</sup> PROFE	TANT				/ Current D for Presen Working	ate tly I		-	
PSN INST TECHNOL	ITUTE OF OGY AND SCIE	ENCE	ASSIS	TANT				/ Current D for Presen Working Institution 20-05-2023	ate tly I	Years	Months	Days
PSN INST TECHNOL	ITUTE OF	ENCE	ASSIS	TANT				/ Current D for Presen Working Institution 20-05-2023	ate tly I ns	<b>Years</b> 1 1	<b>Months</b> 2 2 2	<b>Days</b> 20 21
PSN INST TECHNOL	ITUTE OF OGY AND SCIE	ENCE	ASSIS' PROFF	TANT		01-03	-2022	/ Current D for Presen Working Institution 20-05-2023	ate tly ns otal	<b>Years</b> 1 1	Months	<b>Days</b> 20 21
PSN INST TECHNOL 7. Industri Name of Organisat 71. C.O.E.	ITUTE OF OGY AND SCIE	ENCE	ASSIS <sup>®</sup> PROFF Natu	TANT SSOR	k	01-03 Join	-2022 ing Date	/ Current D for Presen Working Institution 20-05-2023 T Relieving D	ate tly r ns otal ate	Years 1 1 E Years Years	Months 2 2 xperience	<b>Days</b> 20 21



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE			
Name of the Department	ENGLISH			
Name of the Degree & Course	S&H-ENGLISH			
Name of the faculty member	MS. ANUPAMA JOSE			
Regular Or Adjunct	Regular			
Image				
Present Designation	ASSISTANT PROFESSOR			
Residential Address Line 1	ANUPAMA BHAVAN, THENKARATHALAVILA,			
Line 2	KAKKAVILA, KARODE, KERALA, PIN - 695506			
District	OTHERS - THIRUVANANTHAPURAM			
Telephone number	-			
Mobile number	+91 - 9042791541			
Email	ANUPAMAJOSE92@GMAIL.COM			
Gender	FEMALE			
Community	OC			
PAN Number	BWHPA7478Q			
Passport Number				
Aadhar Number	900962307796			
Faculty code given by C.O.E.	9524225			
Faculty code given by A.I.C.T.E.	AU1			
Date of Birth	29-09-1992			
Age	31			
I. Particulars of Educational Qualification : (only comp	leted)			

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.A.	ENGLISH	2013	OTHERS - MALANKA RA CATHOLI C COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	70	FIRST CLASS	
P.G.	OTHERS - M.A.	OTHERS - ENGLISH	2015	OTHERS - HOLY CROSS COLLEGE	MANOMA NIAM SUNDARN AR UNIVERSI TY	7.26 CGPA	FIRST CLASS	
P.G.	OTHERS - M.PHIL.	OTHERS - ENGLISH	2017	OTHERS - MOTHER TERESA WOMENS UNIVERSI TY	MOTHER TERESA WOMEN'S UNIVERSI TY	Y	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

**I.a. Additional Qualification :-** NO ADDITIONAL QUALIFICATION Score : File :

II.	Title of Ph.D. Thesis

III. Faculty in which	Ph.D. was awarded
-----------------------	-------------------

## IV. Academic Experience :

( Start from the Current working Experience )  $\ast$ 

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
Name of the Conege				Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	01-03-2022	30-03-2023	1	0	30
			Total	1	0	0

## V. Industrial Experience :

Name of the	Designation	Nature of	Isining Data	Relieving Date	Experience		
Organisation	Designation	Work	Joining Date		Years	Months	Days

VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year								
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)				
It is certified that all the information provided are true to the best of my knowledge.								
	5							
Signature of	the Faculty :	And.						

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. SUNDAR K
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	9, VAGAIYADI KULALAR STREET,
Line 2	KOTTAR, NAGERCOIL, AGASTEESWARAM, PIN - 629002
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9791734458
Email	PSNITS.PRINCIPAL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	EFJPK3956R
Passport Number	
Aadhar Number	602608640876
Faculty code given by C.O.E.	9524237
Faculty code given by A.I.C.T.E.	14684171358
Date of Birth	19-11-1987
Age	36
I. Particulars of Educational Qualification : (only cor	npleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	th	ne of ne ersity	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2012	OTHERS NOORUL ISLAM COLLEGE OF ENGINEE RING	ANNA UNIV TY		70	FIRST CLASS		
P.G.	M.E.	CAD/CAM	2014	UDAYA SCHOOL OF ENGINEE RING	ANNA UNIV TY		7.34 CGPA	FIRST CLASS		
* Upload Sc	anned copy o	f Original D	egree Certif	ficate.						
Score : File :	onal Qualific		ADDITION.	AL QUALII	FICATION	N				
III. Faculty	y in which P	n.D. was aw	varded							
	nic Experien m the Curre		Experience	e)*						
							eving Date rrent Date	E	xperienc	e
Name of	f the College	e Des	ignation	Joinin	g Date	V	Presently Vorking stitutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSIST PROFE		01-03-20	)22	20-0	5-2023	1	2	20
						1	Total	1	2	21
V. Industri	al Experienc	ce :								
Name of	the	N	ature of					E	xperience	e
Organisat	I HOGIAN	ation	Work	Joinin	g Date	Reli	eving Date	Years	Months	Days
	Appointmen			a conduct	of Frmi	nation	during th	a last ve	ar	
		ICE 13 EXIGI	ucu ivi till				uation		Evaluation	•
VI. C.O.E. A Capacity at AUR (No. of days)	Squa Memb (No. of c	er	xternal Exa (Practica (No. of da	al)	(No.	of sci aluate	ripts	(No.	of script aluated)	

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND
Name of the Conege	SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. MANTHIRA KARTHICK M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	71A, VISHVAKARMA NAGAR,
Line 2	NARANAMMALPURAM, SANKAR NAGAR, TIRUNELVELI, PIN - 627357
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9843052054
Email	MANTHIRAKARTHICK92@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	CLFPM4087H
Passport Number	
Aadhar Number	615877338483
Faculty code given by C.O.E.	9524239
Faculty code given by A.I.C.T.E.	143373119866
Date of Birth	08-12-1992
Age	31
I. Particulars of Educational Qualification : (only comp	leted)

Category		ame of Degree	Speci io	alizat 'n	Year of Passing	t	me of he llege		ame of the iversity	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	d o	Class obtained	l Certi	ficate
U.G.	B.E		MECH AL ENGIN ING		2014	NATI ENGI ING COLL (AUT OUS)	INEE LEGE ONO	R AN UN	NA IVERSII	Г 7.4 СGP		RST LASS		ELEVERATION OF ALL AND
P.G.	M.E	Ξ.	MANU TURIN ENGIN ING	IG	2016	NATI ENGI ING COLL (AUT OUS)	INEE LEGE ONO	R AN UN	NA IVERSII	Г 7.8 CGP/		RST LASS		
* Upload Sc I.a. Additic Score : File : II. Title of	onal	Qualifica					LIFIC	CATION						
III. Faculty			.D. was	awar	ded									
IV. Acaden ( Start fror	nic E	xperienc	e:			) *								
Name	of t	he Colleg	ie.	D	esignation	n	Ioi	ining D	1	Relieving D Current D for Presen	ate	Е	xperience	e
Tume	01 0		C	D	signution		J01	ining D	ule	Working Institutio	ſ	Years	Months	Days
PSN INSTI TECHNOL SCIENCE				ASSIS' PROFI	TANT ESSOR		01-0	3-2022	2	0-05-2023		1	2	20
										Т	otal	1	2	21
V. Industri	ial E	xperience	e:											
Name of t	the	Designa	tion	Nati	ure of Wo	rk	Ioi	ining D	ata I	Relieving D	ato	E	xperienc	e
Organisat	ion	Designa		Inati		IK	J01					Years	Months	Days
VI. C.O.E. A						condu	ct of	Exmir	ation d	uring the	ast	vear		

affe

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHANICAL ENGINEERING
Name of the Degree & Course	B.EMECHANICAL ENGINEERING
Name of the faculty member	MR. LAKSHMIPATHY J
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	23, VANCHI NAGAR, SANKAR NAGAR,
Line 2	TIRUNELVELI, PIN - 627357
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9442516876
Email	LAKSHMIPATHY92J@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	ALCPL7009D
Passport Number	
Aadhar Number	477269868004
Faculty code given by C.O.E.	9524236
Faculty code given by A.I.C.T.E.	12638494447
Date of Birth	01-02-1992
Age	31
I. Particulars of Educational Qualification : (only con	npleted)

	B.E.	MECHANI			e Unive	rsity	/ Ph.D. Awarded (Y/N)	obtaine		e
		CAL ENGINEER ING	2013	NATIONA ENGINEI ING COLLEGI (AUTON( MOUS)	ER ANNA E UNIVE	RSI	76	FIRST CLASS		A CARACTER AND A CARA
P.G.	M.E.	MANUFAC TURING ENGINEER ING	2015	NATIONA ENGINEI ING COLLEGI (AUTONO MOUS)	ER ANNA E UNIVE	RSI	7.8 CGPA	FIRST CLASS		
Upload Sca	anned copy of	Original Deg	gree Certific	ate.						
. <b>a. Addition</b> Score : File :	nal Qualifica	<b>tion :-</b> NO A	DDITIONAI	L QUALIE	FICATION					
I. Title of F	Ph.D. Thesis									
II. Faculty	in which Ph	D. was awa	rded							
	ic Experienc the Curren		xperience )	*						
Nome of	f the College	Dee	imation	Ioin	ing Data	/ <b>C</b> u	ieving Date Irrent Date		xperience	e
Name of	f the College	Des	ignation	Join	ing Date		Presently Working stitutions	Years	Months	Days
PSN INSTIT TECHNOLC SCIENCE		ASSIST PROFE:		01-03-	2022	20-0	5-2023	1	2	20
							Tota	<b>I</b> 1	2	21
7. Industria	al Experience	•:								
Name of tl	he			T - C		Dell		E	xperience	e
Organisati	on Designa		re of Work	Join	ing Date	Ken	ieving Date	Years	Months	Days
	ppointment which servio			conduct	of Exmina	tion	during the	last vear		
AUR (No. of days)	Squad Member (No. of da	Exer	ternal Exan (Practica) (No. of day	niner l)	Central (No.	Eval	uation ipts	Re-E (No.	valuation of scripts aluated)	

J. Lalyhn potry

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	MECHATRONICS ENGINEERING
Name of the Degree & Course	B.EMECHATRONICS ENGINEERING
Name of the faculty member	MRS. SANTHANALAKSHMI R
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	23 KEEL MUGANADAR STREET, KALLIDAIKURICHI
Line 2	TIRUNELVELI, PINCODE - 627416
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9445662415
Email	SANAMEMECH@GMAIL.COM
Gender	FEMALE
Community	MBC
PAN Number	GEDPS0626K
Passport Number	
Aadhar Number	280178485521
Faculty code given by C.O.E.	9524174
Faculty code given by A.I.C.T.E.	19596652514
Date of Birth	02-03-1991
Age	32
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specializ ation	Year of Passing	Name o the College	t ti Univ	ne of he versit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	obtain		tificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2013	NATIONA L ENGINEE RING COLLEGE (AUTONO MOUS)	E ANN UNIV E TY	A /ERSI	7.6 CGPA	FIRST CLASS		Minister et al.
P.G.	M.E.	MANUFA CTURING ENGINEE RING	2015	NATIONA L ENGINEE RING COLLEGE (AUTONC MOUS)	E ANN UNIV E TY	A /ERSI	7.9 CGPA	FIRST CLASS		
* Upload Sc	anned copy o	f Original De	egree Certi	ficate.						
<b>I.a. Additic</b> Score : File :	onal Qualific	ation :- NO	ADDITION	IAL QUALI	FICATIC	N				
II. Title of	Ph.D. Thesi	5								
III. Faculty	in which P	h.D. was aw	arded							
	nic Experien n the Curre		Experienc	e)*						
Name of	f the College	e Desid	gnation	Joining	n Date	/ <b>Cu</b>	eving Date rrent Date Presently	, Ľ	xperienc	e
	g		,	<b>J</b> • • • • • •	<b>y</b> 2 400	V	Vorking titutions	Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		16-02-20	21	20-05	5-2023	2	3	5
				•		•	Tota	1 2	3	6
V. Industri	al Experien	ce :								
Name of	the D.	Na	ature of	T - 4. 4				E	Experienc	e
Organisat	I Docium	ation	Work	Joinin	g Date	Reli	eving Date	Years	Months	Days
	Appointmen t which serv			e conduct	of Fym	inatio	n during t	he last v	ear	
AUR (No. of days)	Squa Memb (No. of c	d Ex er	ternal Exa (Practica (No. of da	miner al)	Centra (No		uation ripts	Re-I (No.	Evaluatio of script aluated)	

It is certified that all the information provided are true to the best of my knowledge.

a

Name of the College9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCEName of the DepartmentCOMPUTER SCIENCE AND ENGINEEERINGName of the Degree & CourseB.ECOMPUTER SCIENCE AND ENGINEERINGName of the faculty memberMR. GOPALAKRISHNAN PRegular Or AdjunctRegularImageImagePresent DesignationASSISTANT PROFESSOR
Name of the Degree & Course     B.ECOMPUTER SCIENCE AND ENGINEERING       Name of the faculty member     MR. GOPALAKRISHNAN P       Regular Or Adjunct     Regular       Image     Image
Name of the Degree & Course     ENGINEERING       Name of the faculty member     MR. GOPALAKRISHNAN P       Regular Or Adjunct     Regular       Image     Image
Regular Or Adjunct     Regular       Image     Image
Image Image
Present Designation ASSISTANT PROFESSOR
Residential Address7/109 J THARAVIZHAILine 11
Line 2 PAZHAVIZAI POST
District KANYAKUMARI
Telephone number -
Mobile number         +91 - 9785560313
Email GOPAL.FINE@GMAIL.COM
Gender MALE
<b>Community</b> BC
PAN Number AXBPG0489R
Passport Number
Aadhar Number264400342089
Faculty code given by C.O.E.9620030
Faculty code given by C.O.E.         9620030           Faculty code given by A.I.C.T.E.         14583245563
Faculty code given by A.I.C.T.E.   14583245563

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Name of the Universit y	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	COMPUTE R SCIENCE AND ENGINEE RING	2007	CAPE INSTITUT E OF TECHNOL OGY	ANNA UNIVERSI TY	67	FIRST CLASS	
P.G.	M.TECH.	OTHERS - COMPUTE R AND INFORMA TION TECHNOL OGY	2011	OTHERS - MANONM ANIAM SUNDARA NAR UNIVERSI TY	MANOMA NIAM SUNDARN AR UNIVERSI TY	69	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

# I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

#### **IV. Academic Experience :**

( Start from the Current working Experience ) \*

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently	E	xperience	<b>)</b>
Name of the Conege	Designation	Johning Date	Working Institutions	Years	Months	Days
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	02-11-2020	20-05-2023	2	6	19
			Total	2	6	22

### V. Industrial Experience :

Name of the	Designation	Nature of	Toinin	a Doto	Relieving Date		xperience	e
Organisation	Designation	Work	John	g Date	Keneving Date	Years	Months	Days
VI. C.O.E. Apj	naintmont Fyna	rianca						
			e conduc	t of Exm	ination during t	he last y	ear	

It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	MRS. KALYANASUNDARI M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	94/1/8A VASANTHA NAGAR 1ST STREET,
Line 2	PUDHUGIRAMAM, KOVILPATTI, PINCODE - 628501
District	THOOTHUKUDI
Telephone number	-
Mobile number	+91 - 9159782405
Email	KALYANASUNDARIM94@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	DPHPK1518E
Passport Number	
Aadhar Number	664430784468
Faculty code given by C.O.E.	9524187
Faculty code given by A.I.C.T.E.	111299194537
Date of Birth	20-06-1994
Age	29
I. Particulars of Educational Qualification : (only comp	leted)

Category		nme of the egree	Specializa tion	Year of Passing	Namo th Colle	e	Name the Univers		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)		Class obtaine	d <sup>Certi</sup>	ficate
U.G.	B.E.	A E IC E	LECTRIC L AND LECTRON CS NGINEER NG	2015	UNNA AI INSTIT OF TECHN OGY	ΓUTE	ANNA UNIVER Y	SIT	6.77 CGPA		IRST LASS		
P.G.	M.E	.   V E	IIGH OLTAGE NGINEER NG	2020	NATIO ENGIN ING COLLE (AUTO MOUS	IEER EGE NO	ANNA UNIVER Y	SIT	9.16 CGPA	D O	ISTINC N		The second secon
I.a. Addition Score : File : II. Title of	onal ( Ph.D	Qualificati D. Thesis	riginal Deg on :- NO A	DDITIONA		JFIC	ATION						
V. Acader	nic E	xperience			)*				lieving Da urrent Da		E	xperienc	<u></u>
Name	of th	e College	De	signation	J	<b>Joini</b> :	ing Date for Presently Working Institutions		y	Years	Months	Days	
PSN INST TECHNOL SCIENCE			ASSIST PROFE		01	1-03-2	2022	20-0	05-2023		1	2	20
									Tot	tal	1	2	21
V. Industr	ial Ex	perience :											
Name of	the	Designati	on Note	ire of Woi		loini	ng Date	Dol	lieving Da	ta	E	xperienc	e
	tion	Designati					ily Date	Kei		ie	Years	Months	Days
Organisa													
			xperience is extende		conduc	ct of	Exminatio	տ ժո	urina the	last	vear		



Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE					
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING					
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING					
Name of the faculty member	DR. SELVA JEEVITHA S R					
Regular Or Adjunct	Regular					
Image						
Present Designation	ASSISTANT PROFESSOR					
<b>Residential Address</b> Line 1	24/130, NEAR SCHOOL ROAD,					
Line 2	MANIKATTIPOTTAL, AGASTEESWARAM					
District	KANYAKUMARI					
Telephone number	-					
Mobile number	+91 - 9488809969					
Email	SELVAJEEVITHA@GMAIL.COM					
Gender	FEMALE					
Community	BC					
PAN Number	DVYPS5569E					
Passport Number						
Aadhar Number	976971813918					
Faculty code given by C.O.E.	9524205					
Faculty code given by A.I.C.T.E.	143378163789					
Date of Birth	30-07-1988					
Age	35					
I. Particulars of Educational Qualification : (only c	ompleted)					

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRO NICS AND COMMUNI CATION ENGINEE RING	2009	VINS CHRISTIA N WOMEN'S COLLEGE OF ENGINEE RING	ANNA UNIVERSI TY	81	DISTINCTI ON	Energy of the second seco
P.G.	M.E.	CONTROL AND INSTRUM ENTATION ENGINEE RING	2011	ST XAVIER'S CATHOLIO COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	8.48 CGPA	FIRST CLASS	
PH.D.	PH.D.	ELECTRIC AL ENGINEE RING	2020	ST XAVIER'S CATHOLIO COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	YES		
* Upload Sc	anned copy o	of Original De	gree Certi	ficate.				
<b>I.a. Additio</b> Score : File :	onal Qualific	cation :- NO A	ADDITION	AL QUALIF	ICATION			
II. Title of	II. Title of Ph.D. Thesis				COMPRESSED DECOMPOSITI SYSTEM DISTU CLASSIFICATIO ALGORITHM	ON METHC JRBANCE S	DOLOGY FO	ITS
III. Faculty	y in which P	h.D. was awa	arded		FACULTY OF E	LECTRICAI	L ENGINEER	ING

IV. Academic Experience : ( Start from the Current working Experience ) \*

Name of the College		Designation	Joining Date		Relieving Date / Current Date for Presently					
		Designation	Join	ing Date	Working Institutions	Years	Months	Days		
CAPE INSTIT TECHNOLOG		ASSISTANT PROFESSOR	13-06-	2011	22-05-2012	0	11	10		
PSN INSTITU TECHNOLOO SCIENCE		ASSISTANT PROFESSOR	01-03-	2022	20-05-2023	1	2	20		
			•		Total	2	2	1		
V. Industrial	Experience :									
Name of th	e Designatio	on Nature of Work	Loini	ing Date	Relieving Date	Experience				
Organisatio	n		Join	ing Date	Keneving Date	Years	Months	Days		
	pointment Ex which service	xperience : is extended for the o	conduc	t of Exmin	ation during the	last ve	ar			
AUR (No. of days)	Squad Member (No. of days	External Exan (Practical	niner )	Central (No.	l Evaluation of scripts lluated)	Re-E (No.	Evaluatior of scripts aluated)			
It is certified t	that all the info	rmation provided are	true to	the best of	my knowledge.					
it is certified that all the information provided are true to the best of my knowledge.										
Signature of	the Faculty :									

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	MECHANICAL ENGINEERING				
Name of the Degree & Course	B.EMECHANICAL AND AUTOMATION ENGINEERING				
Name of the faculty member	MR. ARTHUR JEBARAJ J Y				
Regular Or Adjunct	Regular				
Image	F.				
Present Designation	ASSISTANT PROFESSOR				
Residential Address Line 1	8/960 B, 11TH STREET, RAGUMATH NAGAR,				
Line 2	PALAYAMKOTTAI, MAHARAJANAGAR, PIN - 627011				
District	TIRUNELVELI				
Telephone number	-				
Mobile number	+91 - 9442014178				
Email	JYARTHURJEBARAJ@GMAIL.COM				
Gender	MALE				
Community	BC				
PAN Number	ATZPA1935A				
Passport Number					
Aadhar Number	201831649695				
Faculty code given by C.O.E.	9524234				
Faculty code given by A.I.C.T.E.	11512555325				
Date of Birth	11-09-1983				
Age	40				
I. Particulars of Educational Qualification : (only comp	leted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	MECHANI CAL ENGINEE RING	2006	I F E T COLLEGE OF ENGINEE RING (AUTONO MOUS)	ANNA UNIVERSI TY	73	FIRST CLASS	
P.G.	M.E.	ENGINEE RING DESIGN	2009	GOVERNM ENT COLLEGE OF ENGINEE RING TIRUNELV ELI	ANNA UNIVERSI TY	75	FIRST CLASS	And a second sec

\* Upload Scanned copy of Original Degree Certificate.

## I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

II. Title of Ph.D. Thesis	
III. Faculty in which Ph.D. was awarded	
IV. Academic Experience : ( Start from the Current working Experience ) *	

Name of the College	Designation	Joining Date	Relieving Date / Current Date for PresentlyExpendence			perience	
Name of the Coneye	Designation	Jonning Date	Working Institutions	Years	Months	Days	
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	14-07-2022	20-05-2023	0	10	7	
FRANCIS XAVIER ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	07-05-2012	31-05-2021	9	0	25	
			Total	9	11	7	
V. Industrial Experience :							
Name of the Designation	Nature of Morly	Joining Data	Delieving Date	E	xperience	ience	
Organisation Designation	Nature of Work	Joining Date	Relieving Date	Years	Months	Days	

-	VI. C.O.E. Appointment Experience : Capacity at which service is extended for the conduct of Exmination during the last year										
AUR (No. of days)Squad Member 											
It is certified	that all the inform	ation provided are true to t	he best of my knowledge.								
Signature of	the Faculty :	Sm									

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE				
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING				
Name of the faculty member	MR. KARTHICK M				
Regular Or Adjunct	Regular				
Image					
Present Designation	ASSISTANT PROFESSOR				
<b>Residential Address</b> Line 1	102, PARAIYADI, MEDDU STREET,				
Line 2	PIN - 627811				
District	TENKASI				
Telephone number	-				
Mobile number	+91 - 6384924805				
Email	KARTHICKMSK5368@GMAIL.COM				
Gender	MALE				
Community	SC				
PAN Number	HXNPM7017L				
Passport Number					
Aadhar Number	220745221127				
Faculty code given by C.O.E.	9524194				
Faculty code given by A.I.C.T.E.	143374184717				
Date of Birth	08-07-1999				
Age	24				
I. Particulars of Educational Qualification : (only comp	pleted)				

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEER ING	2020	PSN COLLEGE OF ENGINEER ING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	7.5 CGPA	FIRST CLASS	
P.G.	M.E.	EMBEDDE D SYSTEM TECHNOL OGIES	2022	PSN COLLEGE OF ENGINEER ING AND TECHNOL OGY (AUTONO MOUS)	ANNA UNIVERSI TY	8.0 CGPA	FIRST CLASS	

\* Upload Scanned copy of Original Degree Certificate.

## I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION Score :

File :

### II. Title of Ph.D. Thesis

### III. Faculty in which Ph.D. was awarded

#### IV. Academic Experience : ( Start from the Current working Experience ) \*

Designation	Joining Date	Relieving Date / Current Date for Presently	E	Experience		
Designation	Joining Date	Working Institutions	Years	Months	Days	
ASSISTANT PROFESSOR	23-11-2022	20-05-2023	0	5	28	
Total						
		ASSISTANT 23-11-2022	DesignationJoining Date/ Current Date for Presently Working InstitutionsASSISTANT PROFESSOR23-11-202220-05-2023	Designation     Joining Date     / Current Date for Presently Working Institutions     P       ASSISTANT PROFESSOR     23-11-2022     20-05-2023     0	Designation     Joining Date     / Current Date for Presently Working Institutions     / Experience       ASSISTANT PROFESSOR     23-11-2022     20-05-2023     0     5	

## V. Industrial Experience :

	Name of the Organisation	Decignation	Naturo of Mork	Joining Date	Relieving Date	Experience		
		Designation	Nature of work			Years	Months	Days

	pointment Expe vhich service is e	rience : extended for the conduct	of Exmination during th	e last year						
AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)Re-Evaluation (No. of scripts Evaluated)							
It is certified t	It is certified that all the information provided are true to the best of my knowledge.									
		M.Ro								
Signature of	the Faculty :									

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	ELECTRICAL AND ELECTRONICS ENGINEERING
Name of the Degree & Course	B.EELECTRICAL AND ELECTRONICS ENGINEERING
Name of the faculty member	DR. DARCY GNANA JEGHA A
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	12/141B CHURCH STREET, ANANTHANADARKUDY POST
Line 2	ASARIPALLAM, PIN - 629201
District	KANYAKUMARI
Telephone number	-
Mobile number	+91 - 9566858600
Email	DARCYJEGHA@GMAIL.COM
Gender	FEMALE
Community	BC
PAN Number	AJVPD8982C
Passport Number	
Aadhar Number	319998153823
Faculty code given by C.O.E.	9524206
Faculty code given by A.I.C.T.E.	143373434659
Date of Birth	23-02-1977
Age	46
I. Particulars of Educational Qualification : (only comp	leted)

Category	Name of the Degree	Specializ ation	Year of Passing	Name of the College	Nam th Unive y	e ersit	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificat e
U.G.	B.E.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	1998	OTHERS - KARUNYA INSTITUT E OF TECHNOL OGY AND SCIENCE	BHAR IYAR UNIVI TY		68.1	FIRST CLASS	A second
P.G.	M.E.	OTHERS - PE AND D	2004	OTHERS - KARUNYA INSTITUT E OF TECHNOL OGY AND SCIENCE	ANNA UNIVI TY		7.5 CGPA	FIRST CLASS	
PH.D.	PH.D.	ELECTRIC AL AND ELECTRO NICS ENGINEE RING	2022	OTHERS - KARUNYA INSTITUT E OF SCIENCE AND TECHNOL OGY	OTHERS - KARUNYA INSTITUE OF TECHNOL OGY AND SCIENCE		Y		
* Upload Sc	canned copy of	of Original De	egree Certi	ificate.					
<b>I.a. Additio</b> Score : File :	onal Qualific	c <b>ation :-</b> NO	ADDITION	IAL QUALIFI	CATIO	N			
II. Title of Ph.D. Thesis						COMPREHENSIVE PERFORMANCE ANALYSIS OFDCDC CONVERTER FOR BRUSHLESS DC MOTOR PUMP WITH SOLAR PHOTOVOLTAIC SYSTEM USING SOFT COMPUTING TECHNIQUES			
III. Faculty	y in which P	h.D. was aw	arded			-	ULTY OF EI INEERING	ECTRICAL	
	nic Experier m the Curre	ice : nt working ]	Experienc	ce)*					

Nome of the College	Designation	Toinin	a Data	Relieving Date / Current Date	E	xperience	•		
Name of the College	Designation	Joining Date		for Presently Working Institutions	Years	Months	Days		
PSN INSTITUTE OF TECHNOLOGY AND SCIENCE	ASSISTANT PROFESSOR	100100		20-05-2023	0	5	19		
SATYAM COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-12-2	010	05-06-2014	3	6	5		
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY	ASSISTANT PROFESSOR	01-08-2	001	31-07-2002	0	11	31		
STELLA MARY'S COLLEGE OF ENGINEERING	ASSISTANT PROFESSOR			01-07-2019	5	0	1		
SUN COLLEGE OF ENGINEERING AND TECHNOLOGY		01-06-2004		30-06-2010	6	0	30		
OTHERS - SUN INSTITUTE OF TECHNOLOGY	OTHERS - LECTURER	01-06-1998		-06-1998 31-07-2001		1	30		
		•		Total	19	2	27		
V. Industrial Experience	:								
Name of the	Nature of	т	D-+-	Dell'este a Dete	E	,			
Organisation Designat	lon Work	Joinin	g Date	Relieving Date	Years	Months	Days		
VI. C.O.E. Appointment I Capacity at which service		e conduc	t of Exm	ination during th	e last v	ear			
Capacity at which service is extended for the conduct of Exmination ofAUR (No. of days)Squad Member (No. of days)External Examiner (Practical) (No. of days)Central Evalua (No. of scrip Evaluated)					Re-I (No.	Evaluation of scripts aluated)			
It is certified that all the in	It is certified that all the information provided are true to the best of my knowledge.								
A Q. a. Jege									
Signature of the Faculty	:								

Name of the College	9524 - PSN INSTITUTE OF TECHNOLOGY AND SCIENCE
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.ECIVIL ENGINEERING
Name of the faculty member	MRS. DIVYA M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
<b>Residential Address</b> Line 1	639 D, 15TH SOUTH STREET, THIYAGARAJANAGAR
Line 2	TIRUNELVELI 627011
District	TIRUNELVELI
Telephone number	-
Mobile number	+91 - 9345866394
Email	CIVIL.DIVYAM@PETENGG.AC.IN
Gender	FEMALE
Community	MBC
PAN Number	GNSPD7923Q
Passport Number	
Aadhar Number	216737686373
Faculty code given by C.O.E.	9524181
Faculty code given by A.I.C.T.E.	111096480750
Date of Birth	27-08-1992
Age	31
I. Particulars of Educational Qualification : (only comp	pleted)

Category	Name of the Degree	Specializa tion	Year of Passing	Name of the College	Nam th Unive		% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtain		ificat e
U.G.	B.E.	CIVIL ENGINEE RING	2014	SNS COLLEGE OF TECHNOL OGY (AUTONO MOUS)	ANNA UNIV TY		81.3	FIRST CLASS		
P.G.	M.E.	STRUCTU RAL ENGINEE RING	2016	PSN ENGINEE RING COLLEGE	ANNA UNIV TY		81.9	FIRST CLASS		
* Upload Sc	anned copy o	f Original De	gree Certi	ficate.						
<b>I.a. Additic</b> Score : File :	onal Qualific	ation :- NO	ADDITION	AL QUALIF	ICATION	N				
II. Title of	Ph.D. Thesis	5								
III. Faculty	y in which P	h.D. was awa	arded							
	nic Experien <mark>m the Curre</mark> r		Experience	e)*						
						Relieving Date / Current Date		Experience		e
Name of	f the College	e Desig	gnation	Joining Date		for Presently Working Institutions		Years	Months	Days
PSN INSTI TECHNOL SCIENCE		ASSISTA PROFES		27-10-20	21	20-05-2023		1	6	25
PET ENGII COLLEGE	NEERING	ASSISTA PROFES		01-09-20	20	23-03-2021		0	6	23
				ļ			Total	2	1	19
V. Industri	al Experienc	ce :								
Norre	the	ът	ture of		1			Experience		
Name of t Organisat	Docian	ation	ature of Work	Joining	Joining Date Relieving Da		eving Date	Years	Months	Days
	/I. C.O.E. Appointment Experience :         Capacity at which service is extended for the conduct of Exmination during the last year         AUR       Squad         External Examiner       Central Evaluation         (No. of       Member         (Practical)       (No. of scripts									

It is certified that all the information provided are true to the best of my knowledge.

Aya.M